

# Swindon Borough Council

## Health and Wellbeing Board

**Wednesday, 13 March 2019**

Committee Room 6, Civic Offices

At 2.00 p.m.

**Contact Officers:**

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### AGENDA

1. **Apologies for Absence**
2. **Declarations of Interest**  
Members are reminded that at the start of the meeting they should declare any known interests in any matter to be considered, and also during the meeting if it becomes apparent that they have an interest in the matters being discussed.
3. **Public Question Time**  
Please refer to the explanatory notes below.
4. **Minutes** (Pages 3 - 8)  
To receive the minutes of the meeting held on 12<sup>th</sup> December 2018.
5. **Joint Strategic Needs Assessment Summary 2018/19** (Pages 9 - 64)
6. **Strategy for Children and Young People 2019-2022** (Pages 65 - 70)
7. **Children's Health Services Review (Oral)**
8. **Local Area SEND Inspection** (Pages 71 - 74)
9. **Autism Self-Assessment Framework 2018** (Pages 75 - 88)
10. **Multi-agency Safeguarding Arrangements for Children and Adults at Risk**  
(Report to follow)
11. **Development of Integrated Care (Oral)**
12. **Healthwatch Swindon - Long Term Public Engagement (Oral)**

### **13. Joint Commissioning Group - Minutes for information and comment**

**Date of Despatch:** 05 March 2019

**Public Question Time** - Swindon Borough Council remains committed to increasing its accountability to the public and to promoting active citizenship. 15 minutes will be allowed at the start of all Council meetings for questions to the Chair from the public about the work of the Committee (except for confidential matters, and matters relating to planning and licensing applications). We will give priority to those who submit questions in writing at least two days before the meeting. Questions must be relevant, clear, and concise. You may not use Public Question Time as an opportunity to make speeches or statements.

Questions in writing should be sent to the Committee Officer whose contact details appear on the agenda above, or to the Director of Law and Democratic Services. We will publish it, along with the answer, alongside the Minutes. The process associated with asking a public question is set out in the "Public Question Time at Council Meetings Protocol and Guidance" available from the Committee Officer named above or on the Council's Website at:

(<http://ww5.swindon.gov.uk/moderngov/ecCatDisplay.aspx?sch=doc&cat=13338&path=0>).

**Access Arrangements** - The venue is wheelchair accessible and an infrared receiver hearing system is provided. If you have any special requirements to enable you to attend the meeting, or would like to receive any of the pages contained in this agenda in a larger print size, please contact the Committee Officer as soon as possible prior to the date of the meeting.

**HEALTH AND WELLBEING BOARD**

**WEDNESDAY, 12 DECEMBER 2018**

PRESENT: Councillor David Renard (Swindon Borough Council) (Chair), Councillors Ray Ballman, Brian Ford, Jim Grant and Mary Martin (Swindon Borough Council), Richard Hill (Voluntary Action Swindon), Michelle Howard (Healthwatch Swindon), Dr Peter Mack (NHS Swindon Clinic), Gill May (NHS Swindon Clinical Commissioning Group), Glyn Moody (Dorset and Wiltshire Fire Service), Kevin McNamara (Great Western Foundation Trust), Nicki Millin (NHS Swindon Clinical Commissioning Group), and Carol Willis (Healthwatch Swindon).

Also in attendance were: Doug Bale, Louise Campion, David Haley, Cherry Jones, Phillipa Lamb and Sue Wald (Swindon Borough Council) and Amanda du Cros (Clinical Commissioning Group).

Apologies for absence were received from Ian James (Lay Member), Susie Kemp (Swindon Borough Council), Ian Larrard (Business West) Angus Macpherson (Police and Crime Commissioner) and Kier Pritchard (Wiltshire Police).

**37. Declarations of Interest**

The Chair reminded Members of the need to declare any known interests in any matters to be considered at the meeting. No declarations were made.

**38. Public Question Time**

There were no Public Questions.

**39. Minutes**

Resolved – That the minutes of the meeting held on 10<sup>th</sup> October 2018, be confirmed and signed as a correct record.

**40. Swindon's Joint Health and Wellbeing Strategy: Update Report 2017/18**

The Board received a report by Cherry Jones, Director of Public Health, setting out progress in meeting the five priority outcomes of the Joint Health and Wellbeing Strategy 2017-2022. In presenting the report Ms Jones highlighted the five priority outcomes for action and measures to monitor progress against the strategy.

The Board discussed the following issues arising from the presentation of the report:

- The Strategy as previously adopted by The Council's Cabinet and Council and the Clinical Commissioning Group's Governing Body.
- The trends identified through data considered by performance groups monitoring key areas.
- The programme and initiatives being undertaken across partner organisations in support of the Strategy.
- The long term vision of the plan and outcomes against the plan's five key

priorities.

- The significant improvement in outcomes from the 2013 Strategy including, but not limited to, smoking prevalence among pregnant women at time of delivery, bowel cancer screening coverage, uptake of NHS Health Check invites, the proportion of adults with a learning disability living independently and the rate of permanent admissions of older people into residential and nursing care.
- Key interim findings set out within the report, including but not limited to Bowel Cancer Screening, Excess weight among 10-11 year olds, the hospital admission rate for self-harm among 10-14 year olds and first time entrants into the Youth Justice System which required robust additional work to meet the challenges faced in respect of them.
- Learning from best practice of other organisations to help inform future work of Swindon's partner organisations.
- The Board's support for the Strategy which it felt still reflected the Board's priorities.
- The work of the Council, Police and Local Safeguarding Children's Board to improve the outcomes of the Youth Justice Restorative Board.
- Work on identifying the reasons for high levels of self-harm reported at the Great Western Hospital.
- The difference in levels of the reporting of self-harm in hospitals against the lower figure when comparing the reporting of self-harm across the wider community.
- The benefits of identifying one or two priorities for each Outcome and suggestions that these include intervention in respect of older people with long term health issues and isolation (particularly in areas of deprivation), and the prevention of domestic abuse, intervention in domestic abuse cases by partner organisations and support for children and victims of domestic abuse. It being noted these could impact across a range of the work overseen by the Board.

Resolved – (1) That the Swindon Health and Wellbeing Strategy update report and progress made against the priority outcomes be noted.

(2) The Board confirms that the Strategy still reflects the Board's Priorities as key indicators and requests officers to consider including priorities on (i) intervention in respect of older people with long term health issues and isolation (particularly in areas of deprivation), and (ii) the prevention of domestic abuse, intervention in domestic abuse cases by partner organisations and support for children and victims of domestic abuse.

#### **41. Maternity Transformation - Approach to Consultation**

Ms Gill May, Director of Nursing, Swindon Clinical Commissioning Group, introduced a report on the approach to consultation on Swindon's Maternity Transformation. In introducing the report Ms May drew Members' attention to (i) the engagement of the public and key stakeholders in respect of proposed changes to the Maternity Services across Banes, Swindon and Wiltshire, (ii) support for the public consultation, and (iii) the consultation's relevance to the Health and Wellbeing Strategy Outcome 1 and answered questions in respect of:

- Demand, capacity and choices in place in respect of the current and future maternity services in line with national guidance.
- The on-going consultation which was scheduled to end on 2<sup>nd</sup> January 2019.
- The challenges facing Swindon, which had a successful birthing centre adjacent to the Maternity Unit, when compared to other areas.

- How the results of the consultation would feed into the implementation of future services.
- Assurances that the excellent work of Swindon's current providers, which was considered best practice, would not be adversely affected by Swindon being within a wider "foot print" of partners.
- The current capacity for maternity services in Swindon and factors, including an increasing population, which might add strain to services provided by Great Western Hospital.

Resolved – That the Board approves the approach to the Maternity Services consultation and communications strategy set out within the report.

## **42. Swindon Early Help Strategy - Update**

Ms Louise Campion, Interim Early Help Lead, introduced a report setting out the work undertaken by partners to implement the Early Help Strategy since April 2018. In presenting the report Ms Campion highlighted (i) key achievements and challenges, and (ii) the governance process for the delivery of the Early Help Strategy and the Troubled Families Programme and responded to issues raised in respect of:

- Work throughout the partnership to deliver the Swindon Early Help Strategy to deliver a range of service provision to help children and families receive effective support.
- The role of the Early Help Implementation Group in the delivery of the Strategy.
- The launch of the Early Help Hub in May 2018, following recommendations arising from an OFSTED review of the Swindon Multi-Agency Safeguarding Group, to coordinate work and provide support to partner working and in screening children to assess the risk of harm.
- The increased workload of the Swindon Multi-Agency Safeguarding Group during the period May to November 2018.
- The recent Local Safeguarding Board Conference which had been themed on early help services available in Swindon and had featured a good practice sessions.
- Plans to include outreach and support work within the service model.
- The tracking of performance targets to ensure quality assurance and the effectiveness of work undertaken.
- Work to combine the Early Help and Local Offers to ensure families requiring assistance can access this in one place.
- The staffing structure of the Early Help team and training undertaken by the team.
- Funding bids to support increased capacity and future initiatives, school models, locality working and to increase the Local Offer.
- The process for accessing early help services through the hub or referrals by partner organisations and universal providers and when this should be used.
- Recent publicity to ensure service providers were aware of how to engage with the Early Help Hub and guidance on the hub's function and support available through a graduated approach.
- Re-accessing and redesigning the pathway for autism services, including the paediatric team, to improve the service and reduce waiting times.

- The sharing of information and data between partner organisations in respect of troubled families.

Resolved – (1) That progress in delivering the Early Help Strategy be noted and supported.

(2) That officers be thanked for their presentation and response to Members' questions.

#### **43. Safeguarding Adults in Swindon Annual Report 2017/18**

The Board considered presentation by Mr Doug Bale, Safeguarding Service Manager, on behalf of the Chair of the Adults Safeguarding Board setting out the Annual Report for Safeguarding Adults in Swindon 2017/18. In presenting the report Mr Bale highlighted (i) the work of the Adults Safeguarding Board during 2017/18, and (ii) key issues set out within the Annual Report and he responded to issues raised in respect of:

- The 1150 cases received of which 458 involved people under 65 years of age which was an overall increase in enquiries.
- The decrease in the number of cases for those over 65 years of age and the significant increase in the under 65 year old cohort and potential reasons for these increase and decreases in these categories.
- The 583 cases reported required investigation under Section 42 of the Care Act and the remainder of cases that had either sign-posted elsewhere or referred for a care management response (these were considered the more appropriate options as they were related to the provision of services rather than safeguarding issues).
- The nature of cases referred to the Safeguarding team which broadly followed national trends.
- Details of Adult Safeguarding Reviews completed during 2017/18 and lessons learnt from these the action plans arising from them.
- An update on the Strategic Plan agreed by the Safeguarding Board during the previous year.
- Work in relation to the Mental Capacity Act as far as this related to the work of the Adults Safeguarding Board.
- Areas of focus for the Board during the coming Municipal Year.
- Changes to the Deprivation of Liberty Safeguards which had seen 907 referrals to the Local Safeguarding Board.
- The positive developments in partnership working through sub-groups chaired by both the police and the Swindon Clinical Commissioning Group.

Resolved – (1) That the Adults Safeguarding Board be noted.

(2) That the Board supports communications across all agencies to promote and emphasise the importance of safeguarding.

#### **44. Children's and Young People's Mental Health Local Transformation Plan**

Ms Amanda du Cros, Head of Programme Management, Swindon Clinical Commissioning Group introduced the Swindon Children's and Young People Local Mental Health and Wellbeing Transformation Plan 2018-20 Annual Plan. In introducing the report Ms du Cros drew Members' attention to a more strategic approach through the Sustainable Transformation Partnership and its more strategic

focus and she responded to Members questions and comments in respect of:

- Consultations with stakeholders which helped create the action plan which focused on investment into mental health liaison and the eating disorder service.
- The use of the action plan as a working document and a work programme for key partners.
- The consolidation work and information sharing with statutory and non-statutory partners, including those working in education, in order that to make it easier for parents and children to access services.
- The standardisation of referral criteria and a clearer understanding across service providers of a common definition of mental health.
- The positive engagement of partner organisations across a range of initiatives including the Transformation Plan.
- The evaluation of progress made in initiatives to improve mental health services for children and young people and whether those initiatives had achieved the goals intended.
- The number of people access mental health services, waiting lists and the effectiveness of services provided.

Resolved – (1) That the report be noted.

(2) That the Board notes its support for the contents of the Children and Young People's Mental Health Local Transformation Plan and its delivery across Swindon through the Children and Young People's Emotional Health and Well Being Strategy Group.

#### **45. National Health Service and the Long Term Plan - Update**

Ms Nicki Millin (NHS Swindon Clinical Commissioning Group) reported orally in respect of the National Health Service and the Long Term Plan. She noted that the plan was due to have been published on 5<sup>th</sup> December 2018 by NHS England but that this had been delayed. The consultation document included headlines that might be helpful to the work of the Board including Early Life (obesity, self-harm and children with complex needs), Staying Healthy (smoking and alcohol related admissions), and Ageing Well (frailty, loneliness and isolation). There was an expectation by Government that (i) clear clinical pathways including national targets, for instance around cancer treatment and early diagnoses, (ii) future hospital capacity across a range of services, (iii) mental health services including autism, and, (iv) the National Health Service Constitution would be addressed as part of the Plan.

It was also noted that Swindon had received a capital funding allocation which would assist in developing the Emergency Department at the Great Western Hospital and business case would be developed.

Resolved – That the report be noted.

#### **46. Joint Commissioning Group - Minutes for information and comment**

Resolved - That the minutes of the Joint Commissioning Group meeting held on 9<sup>th</sup> November 2018 be noted.





# **Joint Strategic Needs Assessment (JSNA) Summary 2018/19: An Overview of Health and Wellbeing in Swindon**

**Health and Wellbeing Board**

**Date: 13 March 2019**

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Author:	Tom Frost, Senior Public Health Intelligence Analyst
Wards:	All
Locality Affected:	All
Parishes Affected:	All

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## **1. Purpose and Reasons**

- 1.1 The Health and Wellbeing Board (HWB) has a statutory responsibility to prepare a Joint Strategic Needs Assessment (JSNA) for Swindon. The JSNA must describe the current and future health and wellbeing needs of the people of Swindon and is the principal work stream to inform the Joint Health and Wellbeing Strategy (JHWS). The Swindon JSNA is an on-going iterative process led by Swindon Borough Councils public health team and involving a wide range of stakeholders.
- 1.2 The JSNA informs decisions about how services are commissioned, designed and developed.
- 1.3 The 2018/19 JSNA Summary (Appendix 1) provides an overview of the current and future health and wellbeing needs of people in Swindon and provides an update to the previous three annual versions of this document. It collates evidence and intelligence from previous JSNA topic reports, the Public Health Outcomes Framework and a range of other local and national data sources.
- 1.4 This report presents key facts, intelligence and issues for a wide range of public health topics. As such, these data are the first stage of the needs assessment process and many of these topics are examined in more detail in separate JSNA reports. These more detailed analyses and strategies can be found elsewhere on the Swindon JSNA website.

## **2. Recommendations**

The Board is recommended to:

- 2.1 Note the 2018/19 JSNA Summary report.
- 2.2 Endorse its use in commissioning and strategy preparation, including the Joint Health and Wellbeing Strategy (JHWS).
- 2.3 Recommend that the document be shared with the CCG's Clinical Leadership Group.

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Further information on the subject of this report can be obtained from Tom Frost, 07884 733175, [tfrost@swindon.gov.uk](mailto:tfrost@swindon.gov.uk).

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## 3. Detail

### Statutory duty

- 3.1 The production of an annual JSNA was made a statutory requirement in the establishment of the Local Government and Public Involvement in Health Act, 2007. In April 2013, the statutory responsibility for producing JSNAs passed to HWBs. The JSNA must describe the current and future health and wellbeing needs of the people of Swindon.

### Purpose and use

- 3.2 The JSNA work programme is commissioned by the HWB and supports an overall approach to using evidence and intelligence to identify priorities in order to help us all improve health and wellbeing in Swindon. The work programme is overseen by the JSNA and Population Health Management (PHM) steering group which is a formally constituted sub-group of the Swindon Health and Wellbeing Board responsible for assessing population health and wellbeing. The terms of reference for the JSNA & PHM steering group are contained in Appendix 2.
- 3.3 The JSNA highlights the importance of local partners working together to improve health and wellbeing and to reduce inequalities. Users of JSNA include partnership bodies such as the HWB and commissioning bodies such as Swindon Borough Council and NHS Swindon Clinical Commissioning Group as well as a much wider range of agencies and individuals who contribute to improving health and reducing inequalities.
- 3.4 The JSNA is used to guide strategy including the Swindon Health and Wellbeing Strategy. This summary document provides an overview of key issues and should be used alongside other JSNA reports and bulletins and other supporting evidence.

### JSNA Framework

- 3.5 This summary report is only one part of the JSNA framework. The JSNA suite of documents and sources of information also includes:
- More detailed JSNA reports and bulletins on specific topics
  - Demographic profiles and population projections
  - Evidence reviews
  - Health and wellbeing profiles and key documents from Public Health England
- 3.6 The JSNA website hosts these documents and can be found online at <http://www.swindonjsna.co.uk>. The JSNA website has undergone some restructuring to make information easier to find and to ensure up to date

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information is available across all topic areas. The new structure will go live with the publication and hosting of the 2018/19 Summary report and new infographic.

## JSNA Summary 2018/19: An overview of health and wellbeing in Swindon

3.7 The report includes a one page summary of 26 health and wellbeing topics following a set template which includes a key fact; two key indicators; key information and key issues. The topics are the same as 2017/18.

3.8 The 26 topics are:

- Population
- Life expectancy
- Deprivation and health inequalities
- Long term conditions
- Cardiovascular disease
- Diabetes\*
- Cancer
- Communicable disease and immunisation
- Physical and sensory disabilities
- Mental health and wellbeing
- Learning disabilities
- Dementia
- Falls and bone health, accidents and injuries
- Maternity and breastfeeding
- Obesity, healthy eating and physical activity
- Sexual health
- Substance misuse
- Safeguarding
- Carers
- Community safety
- Housing, transport and the environment
- Education, skills and the economy
- Leisure, arts and culture
- Ageing well
- Children and young people summary
- Equalities

3.9 Key Facts (\*data updated, \*\* new key fact)

3.9.1 New, 2016-based, SBC projections indicate that Swindon's resident population will increase by 11% between 2018 and 2028 and by a further 7% by 2038\*\*

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Further information on the subject of this report can be obtained from Tom Frost, 07884 733175, tfrost@swindon.gov.uk.

# **Joint Strategic Needs Assessment (JSNA) Summary 2018/19: An Overview of Health and Wellbeing in Swindon**

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- 3.9.2 Males in Swindon will spend 80% of their lives in good health, but females will only spend 74% in good health\*\*
  - 3.9.3 In the most deprived areas of Swindon, men live on average 14 years less in good health and women 12 years less than those in the least deprived areas\*\*
  - 3.9.4 Estimates suggest about a third of people in Swindon have a LTC, although many will not be limited in their day to day lives
  - 3.9.5 In Swindon CCG, 1,700 people have diagnosed Heart Failure and 4,100 people diagnosed Atrial Fibrillation. Many additional people may be undiagnosed\*\*
  - 3.9.6 In Swindon, the risk of mortality is 21% higher for those with diabetes compared to those without\*\*
  - 3.9.7 In 2017, 56% of those aged 60-74 had a recent screen for bowel cancer, up from 51% in 2015 but below the 60% target\*\*
  - 3.9.8 The number of cases of Tuberculosis (TB) in Swindon has almost trebled from 28 in 2000-02 to 77 in 2015-17\*
  - 3.9.9 In Swindon, there are an estimated 34,000 people with some hearing loss and, of these, there are an estimated 3,500 with severe hearing loss
  - 3.9.10 People among the most deprived 10% of society are more than twice as likely to die from suicide than the least deprived 10% of society
  - 3.9.11 There are an estimated 860 adults in Swindon diagnosed with moderate or severe learning disabilities; around a third of whom live with a parent
  - 3.9.12 A third of dementia cases may be preventable through addressing modifiable risk factors\*\*
  - 3.9.13 Each year, 30% of people older than 65 and 50% of people older than 80 fall at least once\*\*
  - 3.9.14 In Swindon (CCG), 315 women were smokers at the time of delivery in 2017/18 which was 11% of all women giving birth that year\*\*
  - 3.9.15 Surveys found that in 2016/17, 64% of adults in Swindon were categorised as having excess weight, including 25% who were obese\*\*
  - 3.9.16 In Swindon, in 2016, there were 72 conceptions to under 18s. The resultant teenage conception rate is two thirds lower than it was at the turn of the century\*\*

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- 3.9.17 People living in the most deprived areas of England are more than four times more likely to smoke than those living in the least deprived areas\*\*
- 3.9.18 There were 1,500 Children in Need in March 2018, which is 320 per 10,000 young people and higher than the national rate and than statistically similar authorities\*\*
- 3.9.19 Since 2001, the estimated number of carers in Swindon has risen by 33% compared to the national average of 17.7%\*\*
- 3.9.20 Since 2017, Swindon continues to see a significant number of children being exploited by County Line networks supplying crack and heroin.
- 3.9.21 The 2017/18 Temporary Winter Housing Project housed up to 12 people as part of the response to an increase in rough sleeping from 6 in 2014/15 to around 25 in 2017\*\*
- 3.9.22 In Swindon, in 2018, 39.4% of pupils attained a grade 5 strong pass in GCSE English and mathematics (up 3% from 2017) against a national average of 43.2%\*\*
- 3.9.23 Swindon schools are above the national average in their Artsmark engagement\*\*
- 3.9.24 Participation in physical and non-physical leisure activities can increase psychological well-being; however, people aged 75 and over have the lowest levels of engagement in these activities of any age group\*\*
- 3.9.25 Nationally, 32% of children and young people with a parent receiving disability benefits and 19% receiving low income benefits had experienced mental illness\*\*
- 3.9.26 In 2017/18 nationally, 38% of mixed race adults and 33% of white adults suffered anti-social behaviour\*\*

## Key issues from data

- 3.10 Evidence suggests that in many ways the health of Swindon's population is similar to England as a whole. This in itself presents many challenges. While average life expectancy, smoking rates and physical activity levels are, on the whole, improving there are still wide inequalities amongst our population and no sign that the health gap is being reduced.
- 3.11 Like other places across the country, Swindon has felt the effects of ongoing austerity measures and the impact of unhealthy lifestyles characterised by obesity, physical inactivity, poor diet and alcohol misuse. The JSNA summary also highlights some local issues such as the particularly large increase in

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numbers of older people projected into the future, the rise of Type 2 diabetes, low consumption of fruit and vegetables, an increase in cases of tuberculosis, a troubling number of young people being admitted to hospital for reasons connected to substance misuse and self-harm and adults being admitted for alcohol related reasons.

- 3.12 The JSNA Summary also shows there has been a fall in female healthy life expectancy in Swindon since 2010-12 which looks to have reached its lowest point in 2014-16. Healthy life expectancy is the average number of years a person would expect to live in good health based on mortality rates and self-reported good health. The most likely explanation is that it's as a result of poor self-reported health confined to the youngest age group surveyed [ages 16-19] but which is within expected limits. This is currently the only explanation of a situation where only this particular measure for females (not males) is affected and where any cause would have to be relatively short-term and recent in nature and be confined to Swindon in particular. There are a number of initiatives in place in Swindon to improve the mental and physical health of young women. They include a psychiatric liaison service for young people at Great Western Hospital, training and guidance about self-harm for people working with children and young people and a self-harm service run by Swindon and Gloucester MIND that offers help and support to young people. Swindon is also launching the Trailblazer Project which is a multi-agency approach offering support to Children and Young People in schools and other setting providing a flexible and tailored, early intervention mental health service promoting resilience, building on the strengths of the young person and focusing on holistic outcomes. Swindon also supports the You're Welcome quality criteria for making health services young people friendly, particularly sexual health services. Good sexual health is advocated to help reduce teenage conceptions in addition to a chlamydia screening programme for those aged 15 to 24. The transition from young people's to adult services can be challenging and work is ongoing to make services more seamless, particularly for mental health services. There are also a number of resources about health and wellbeing which are targeted at young people, such as The Dock [[thedockswindon.co.uk](http://thedockswindon.co.uk)] which tells young people about the services available to them in Swindon e.g. wellbeing, college, e-safety and getting involved in volunteering and Kooth [[Kooth.com](http://Kooth.com)] which provides access to online advice, self-help tools and counselling.
- 3.13 The upstream causes of ill-health (known as wider determinants) are also highlighted. Swindon is facing challenges around coping with the numbers of homeless people, concerns around traffic related air quality, increasing numbers of reported domestic abuse crimes and difficulties in getting more young people, especially from deprived areas, to continue to higher education. Wider determinants are considered the fundamental cause of health outcomes, and variation in how these are experienced drive health inequalities through disease

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# Joint Strategic Needs Assessment (JSNA) Summary 2018/19: An Overview of Health and Wellbeing in Swindon

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patterns and behavioural risks. Addressing the wider determinants of health has a key role to play in reducing health inequalities in the borough.

- 3.14 There is a growing realisation that health and wellbeing is everyone's business. Swindon has a thriving voluntary sector and wide acceptance that individual and community assets have a major role to play in meeting needs and reducing loneliness and social isolation. People are more than passive recipients of services and, as the carers section shows, in reality most care is provided by individuals, families and friends themselves.

## **4. Alternative Options**

- 4.1 There are no alternative options proposed.

## **5. Implications, Diversity Impact Assessment and Risk Management**

### Financial and Procurement Implications

- 5.1 The JSNA programme is delivered within the current financial position. There are no known financial implications.

### Legal and Human Rights Implications

- 5.2 Legal and Human rights have been taken fully into account in compiling this report. It is considered that the recommendations within this report are compatible with Convention Rights
- 5.3 The Local Government and Public Involvement in Health Act 2007, as amended by the Health and Social Care Act 2012, places a statutory obligation on the Council, in cooperation with its partners, to prepare an assessment of relevant needs within the Council's area. The Joint Strategic Needs Assessment meets this obligation.

### All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.4 There should be no significant staffing or other implications arising from this report

### Diversity Impact Assessment

- 5.5 Equality and diversity issues were considered within the JSNA. All JSNA documents are in the public domain

### Risk Management

- 5.6 No specific risks were identified

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## **6. Consultees**

- 6.1 The Director of Finance (Section 151 Officer) and the Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

## **7. Background Papers**

- 7.1 None.

## **8. Appendices**

- 8.1 Appendix 1. JSNA Summary 2018/19: An Overview of Health and Wellbeing in Swindon.
- 8.2 Appendix 2: JSNA and PHM steering group: Updated Terms of Reference 2019 (to be ratified at April meeting).



# Joint Strategic Needs Assessment

## An Overview of Health and Wellbeing in Swindon

### JSNA Summary 2018/19 – DRAFTV2



Swindon Health and Wellbeing Board

**Publication date:** March 2019

### **Authorship**

Produced on behalf of and at the request of the Swindon Health and Wellbeing Board by Cherry Jones, Director of Public Health, Swindon Borough Council (SBC).

### **Acknowledgements**

The JSNA summary has been compiled by Tom Frost (Senior PHI analyst) and the Public Health Intelligence team with the able assistance of a multitude of colleagues from the Public Health team and other teams in Swindon Borough Council (SBC). A full list of contributors and reviewers is appended to the data guide document.

### **Photo credits**

**Beat the Street:** Over 30,000 people took part in this physical activity community game. Almost all Primary Schools took part and the community also embraced the game and over 80 teams signed up to the challenge. The town was gripped by Beat the Street fever and many people commented on how good it was to see so many people out sharing stories and being active.

**Great Western Hospital goes smokefree:** From 1 January 2019, the Great Western Hospitals NHS Foundation Trust became a no smoking Trust which means that smoking is not permitted anywhere on hospital sites. It comes as new policies to make all NHS sites in England smoke free are introduced. For patients, stopping smoking before or during a hospital visit may also speed up recovery and reduce the risk of complications.

**Football Fans in Training (FFFIT):** Swindon Town Football Club in the Community Trust (STFCCT) provide adult weight management and lifestyle courses, on behalf of SBC. In addition to programmes for male football fans, courses for women and non-football fans are being piloted. The courses are for people aged between 35-65, who are overweight or obese. For more information or to sign up please contact the STFCCT office on 01793 421303 or email [shane@stfc-fitc.co.uk](mailto:shane@stfc-fitc.co.uk).

**Dementia Tea Dance:** During Dementia Awareness week a 1940s inspired tea dance was held for families affected by dementia. In 2018, Swindon was accredited by the Alzheimer's Society as 'working to become a dementia friendly community' and was shortlisted in the Dementia Friendly Community of the Year awards.

**Mental Health Awareness Week 2018:** The pop up shop 'Head Space' was opened for the week by 30 organisations. Head Space promoted services and activities on offer for people to look after their mental wellbeing and obtain support if they were struggling with mental health issues.

**Swindon Circles - Christmas present delivery:** The Community Health and Wellbeing team runs the Swindon Circles programme which combats loneliness by pairing clients up with volunteer befrienders or by connecting them to local activities. Last Christmas the team organised present donations from individuals and businesses and delivered them to Circle's clients. For more information about Swindon Circles, contact the Live Well Swindon Hub by calling 01793 465513 or email [livewell@swindon.gov.uk](mailto:livewell@swindon.gov.uk).



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## Appendix A: Priorities

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## **Introduction**

The Health and Wellbeing Board (HWB) has a statutory responsibility to prepare a Joint Strategic Needs Assessment (JSNA) for Swindon. The JSNA must describe the current and future health and wellbeing needs of the people of Swindon. It is the principal workstream that guides the Joint Health and Wellbeing Strategy (JHWS) and informs commissioning and service development.

The JSNA Summary 2018/19 provides an overview of the current and future health and wellbeing needs of people in Swindon. It collates evidence and intelligence from previous JSNA topic reports, the Public Health Outcomes Framework and a range of other local and national data sources. Key resources are highlighted in this summary document and further resources are available in the detailed needs assessment section on the JSNA website.

This report presents key facts, intelligence and challenges for a wide range of public health topics. As such, these data are the first stage of the needs assessment process and many of these topics are examined in more detail in separate JSNA reports. These more detailed analyses and strategies can be found elsewhere on the Swindon JSNA website.

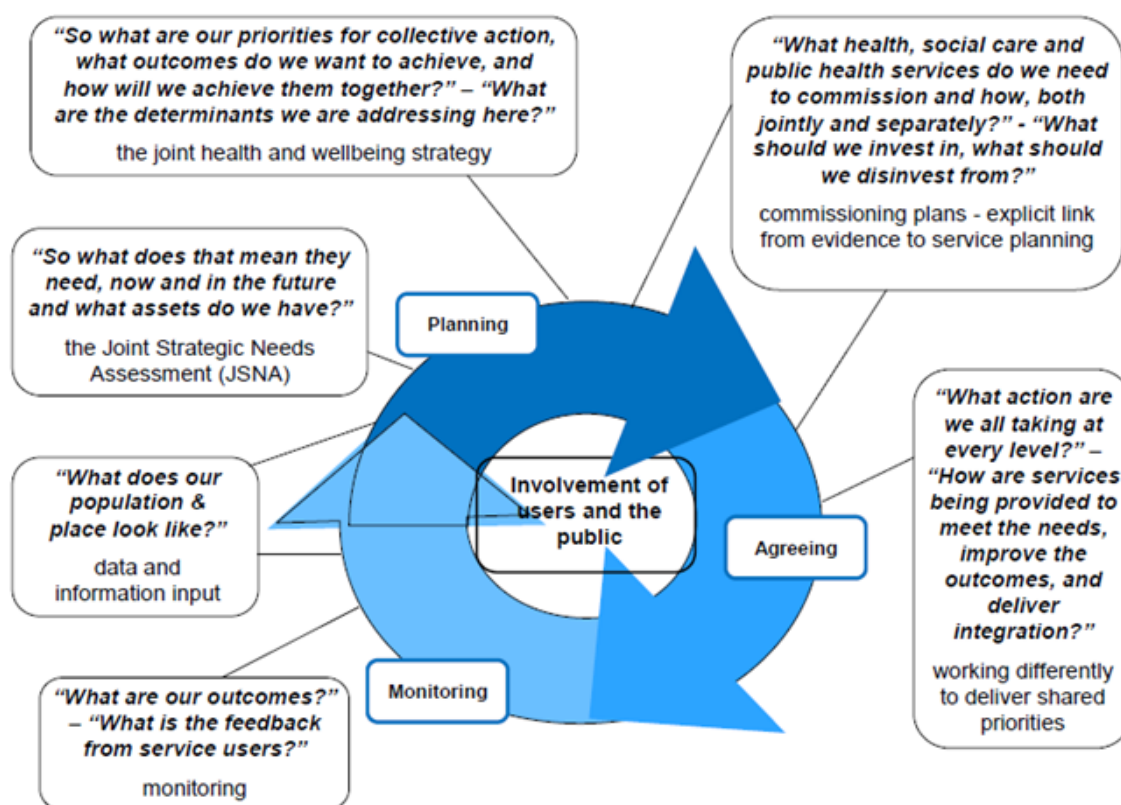
## **Purpose and use**

The JSNA supports an overall approach to using evidence and intelligence to identify priorities in order to help us all improve health and wellbeing in Swindon – it is not an end in itself.

The JSNA highlights the importance of local partners working together to improve health and wellbeing and to reduce inequalities. Users of JSNA include partnership bodies such as the HWB and the Sustainability and Transformation Partnership (STP), commissioning bodies such as Swindon Borough Council and NHS Swindon Clinical Commissioning Group and a much wider range of agencies and individuals who contribute to improving health and reducing inequalities.

The JSNA is used to guide strategy. This summary document provides an overview of key issues and should be used alongside other JSNA reports and bulletins and other supporting evidence. Whilst it is hard to summarise complex forces that interact with each other, it provides an important focus for strategy development.

**Figure 1 shows how the commissioning cycle and JSNA and JHWS fit together**



The following agreed priorities for Swindon have been articulated in the JHWS:

- Every child and young person in Swindon has a healthy start in life.
- Adults and older people in Swindon are living healthier and more independent lives.
- Improved health outcomes for disadvantaged and vulnerable communities (including adults with long term conditions, learning disabilities, physical disabilities or mental health problems and offenders).
- Improved mental health, wellbeing and resilience for all.
- Creation of sustainable environments in which communities can flourish.

Priorities for Swindon Borough Council, NHS Swindon CCG, Public Health England, Bath and NE Somerset, Swindon and Wiltshire STP and the NHS (NHS England) can be found in Appendix A.

### **JSNA Framework**

This summary report is only one part of the JSNA framework. The JSNA suite of documents and sources of information also includes:

- More detailed JSNA reports and bulletins on specific topics
- Demographic profiles and population projections
- Evidence reviews
- Health and wellbeing profiles and key documents from Public Health England

The documents comprising the JSNA framework for Swindon can be found on the Swindon JSNA website: [www.swindonjsna.co.uk](http://www.swindonjsna.co.uk)

## **JSNA Summary 2018/19: An overview of health and wellbeing in Swindon**

The summary document is arranged in 2 parts:

- Part 1: a short introduction which explains what the document is for and what it contains along with a selection of key facts and issues and priorities.
- Part 2: a 1 page summary of 26 health and wellbeing topics following a set template which includes a key fact; two key indicators; key information and key issues.

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## Main sources of information

Important resources that have been used to compile the JSNA include:

- Swindon JSNA website: [www.swindonjsna.co.uk](http://www.swindonjsna.co.uk)
- Public Health Outcomes Framework (PHOF): <http://www.phoutcomes.info/>
- Public Health England (PHE) data and analysis tools: <https://www.gov.uk/guidance/phe-data-and-analysis-tools>
- PHE General Practice profiles: <http://fingertips.phe.org.uk/profile/general-practice>
- National Child and Maternal Health Intelligence Network (PHE): <https://fingertips.phe.org.uk/profile-group/child-health>
- Local authority interactive tool (LAIT) (An interactive spreadsheet for comparing data about children and young people across all local authorities in England): <https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>
- Quality and Outcomes Framework (QOF): <https://digital.nhs.uk/data-and-information/publications/statistical/quality-and-outcomes-framework-achievement-prevalence-and-exceptions-data>
- Projecting Adult Needs and Service Information (PANSI): <http://www.pansi.org.uk/>
- Projecting Older People Population Information (POPPI): <http://www.poppi.org.uk/>
- NHS Digital: <http://content.digital.nhs.uk/home>
- Office for National Statistics: <http://www.ons.gov.uk>
- NHS England statistics: <https://www.england.nhs.uk/statistics/>
- NHS RightCare Intelligence tools and support: <https://www.england.nhs.uk/rightcare/products/nhs-rightcare-intelligence-tools-and-support/>
- Swindon Borough Local Plan 2026: [https://www.swindon.gov.uk/info/20113/local\\_plan\\_and\\_planning\\_policy/635/swindon\\_borough\\_local\\_plan\\_2026](https://www.swindon.gov.uk/info/20113/local_plan_and_planning_policy/635/swindon_borough_local_plan_2026)
- Nomis (official labour market statistics): <http://www.nomisweb.co.uk/>
- (PHE) health economics: a guide for public health teams: <https://www.gov.uk/guidance/health-economics-a-guide-for-public-health-teams>
- Local Health (small area data): <http://www.localhealth.org.uk/>
- Official Government statistics: <https://www.gov.uk/government/statistics>
- Ministry of Housing, Communities and Local Government statistics: <https://www.gov.uk/government/organisations/ministry-of-housing-communities-and-local-government/about/statistics>
- NHS Digital Analytical Hub (including Adult Social Care Outcomes Framework): <https://tinyurl.com/NHSD-Analytical-Hub>
- English Indices of Deprivation 2015: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>

Additional background information, data and intelligence for each of the 26 topics can be found on the accompanying 'Detailed Needs Assessment' pages for each topic. <http://swindonjsna.co.uk/dna>

## Key facts

New, 2016-based, SBC projections indicate that Swindon's resident population will increase by 11% between 2018 and 2028 and by a further 7% by 2038.

Males in Swindon will spend 80% of their lives in good health, but females will only spend 74% in good health.

In the most deprived areas of Swindon, men live on average 14 years less in good health and women 12 years less than those in the least deprived areas.

Estimates suggest about a third of people in Swindon have a LTC, although many will not be limited in their day to day lives.

In Swindon CCG, 1,700 people have diagnosed Heart Failure and 4,100 people diagnosed Atrial Fibrillation. Many additional people may be undiagnosed.

In Swindon, the annual risk of mortality is 21% higher for those with diabetes compared to those without.

In 2017, 56% of those aged 60-74 had a recent screen for bowel cancer, up from 51% in 2015 but below the 60% target.

The number of cases of Tuberculosis (TB) in Swindon has almost trebled from 28 in 2000-02 to 77 in 2015-17.



In Swindon, there are an estimated 34,000 people with some hearing loss and, of these, there are an estimated 3,500 with severe hearing loss.

People among the most deprived 10% of society are more than twice as likely to die from suicide than the least deprived 10% of society.

There are an estimated 860 adults in Swindon diagnosed with moderate or severe learning disabilities; around a third of whom live with a parent.

A third of dementia cases may be preventable through addressing modifiable risk factors.

Each year, 30% of people older than 65 and 50% of people older than 80 fall at least once.

In Swindon (CCG), 315 women were smokers at the time of delivery in 2017/18 which was 11% of all women giving birth that year.

Surveys found that in 2016/17, 64% of adults in Swindon were categorised as having excess weight, including 25% who were obese.

In Swindon, in 2016, there were 72 conceptions to under 18s. The resultant teenage conception rate is two thirds lower than it was at the turn of the century.

People living in the most deprived areas of England are more than four times more likely to smoke than those living in the least deprived areas.

There were 1,500 Children in Need in March 2018, which is 320 per 10,000 young people and higher than the national rate and than statistically similar authorities.

Since 2001, the estimated number of carers in Swindon has risen by 33% compared to the national average of 18%.

Since 2017, Swindon continues to see a significant number of children being exploited by County Line networks supplying crack and heroin.

The 2017/18 Temporary Winter Housing Project housed up to 12 people as part of the response to an increase in rough sleeping from 6 in 2014/15 to around 25 in 2017.

In Swindon, in 2018, 39% of pupils attained a grade 5 strong pass in GCSE English and mathematics (up 3% from 2017) against a national average of 43%.

Swindon schools are above the national average in their Artsmark engagement.

Participation in physical and non-physical leisure activities can increase psychological well-being; however, people aged 75 and over have the lowest levels of engagement in these activities of any age group.

Nationally, 32% of children and young people with a parent receiving disability benefits and 19% receiving low income benefits had experienced mental illness.

In 2017/18 nationally, 38% of mixed race adults and 33% of white adults suffered anti-social behaviour.

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## Key issues

### Introduction

Evidence suggests that in many ways the health of Swindon's population is similar to England as a whole. This in itself presents many challenges. While average life expectancy, smoking rates and physical activity levels are, on the whole, improving there are still wide inequalities amongst our population and no sign that the health gap is being reduced.

Like other places across the country, Swindon has felt the effects of ongoing austerity measures and the impact of unhealthy lifestyles characterised by obesity, physical inactivity, poor diet and alcohol misuse. The JSNA summary also highlights some local issues such as the particularly large increase in numbers of older people projected into the future, the rise of Type 2 diabetes, low consumption of fruit and vegetables, an increase in cases of tuberculosis, a troubling number of young people being admitted to hospital for reasons connected to substance misuse and self-harm and adults being admitted for alcohol related reasons.

The JSNA Summary also shows there has been a fall in female healthy life expectancy in Swindon since 2010-12 which looks to have reached its lowest point in 2014-16. Healthy life expectancy is the average number of years a person would expect to live in good health based on mortality rates and self-reported good health. The most likely explanation is that it's as a result of poor self-reported health confined to the youngest age group surveyed [ages 16-19] but which is within expected limits. This is currently the only explanation of a situation where only this particular measure for females (not males) is affected and where any cause would have to be relatively short-term and recent in nature and be confined to Swindon in particular. There are a number of initiatives in place in Swindon to improve the mental and physical health of young women. They include a psychiatric liaison service for young people at Great Western Hospital, training and guidance about self-harm for people working with children and young people and a self-harm service run by Swindon and Gloucester MIND that offers help and support to young people. Swindon is also launching the Trailblazer Project which is a multi-agency approach offering support to Children and Young People in schools and other setting providing a flexible and tailored, early intervention mental health service promoting resilience, building on the strengths of the young person and focusing on holistic outcomes. Swindon also supports the You're Welcome quality criteria for making health services young people friendly, particularly sexual health services. Good sexual health is advocated to help reduce teenage conceptions in addition to a chlamydia screening programme for those aged 15 to 24. The transition from young people's to adult services can be challenging and work is ongoing to make services more seamless, particularly for mental health services. There are also a number of resources about health and wellbeing which are targeted at young people, such as The Dock [[thedockswindon.co.uk](http://thedockswindon.co.uk)] which tells young people about the services available to them in Swindon e.g. wellbeing, college, e-safety and getting involved in volunteering and Kooth [[Kooth.com](http://Kooth.com)] which provides access to online advice, self-help tools and counselling.

The upstream causes of ill-health (known as wider determinants) are also highlighted. Swindon is facing challenges around coping with the numbers of

homeless people, concerns around traffic related air quality, increasing numbers of reported domestic abuse crimes and difficulties in getting more young people, especially from deprived areas, to continue to higher education. Wider determinants are considered the fundamental cause of health outcomes, and variation in how these are experienced drive health inequalities through disease patterns and behavioural risks. Addressing the wider determinants of health has a key role to play in reducing health inequalities in the borough.

There is a growing realisation that health and wellbeing is everyone's business. Swindon has a thriving voluntary sector and wide acceptance that individual and community assets have a major role to play in meeting needs and reducing loneliness and social isolation. People are more than passive recipients of services and, as the carers section shows, in reality most care is provided by individuals, families and friends themselves.

### **Key issues from topic sections**

This report contains 26 topic pages which each highlight some key issues for that topic. The following pages provide a summary of some of these issues grouped under six broad headings. They are not the only, nor necessarily the most important ones, but are shown in this format to highlight the range of issues that Swindon is facing at the present time and how they are interconnected.

#### **General**

The age structure of the population is projected to change with significantly higher growth in the older age groups than in the younger groups.

Increasing the proportion of their lives Swindon residents spend in good health, especially over the age of 65.

Support those affected by the expected increase in evictions and homelessness resulting from the introduction of Universal Credit and other measures in the 2012 Welfare Reform Act.

Action to reduce health inequalities will need continued investigation to understand and address:

- The extent and causes of deprivation in the areas of Swindon experiencing the most extreme and persistent deprivation.
- The poor social mobility in Swindon, particularly in the school age and youth age groups.
- The specific reasons for health service usage being higher in more deprived communities.

Challenging stereotypes and assumptions and working with people as individuals.

Drive business growth and promote inward investment during economic instability related to Brexit.

#### **Good start in life**

Improve maternal nutrition and reduce maternal obesity levels.

Early identification of children and young people with autistic spectrum disorder, speech, language and communication needs or social, emotional and mental health difficulties alongside better support and provision to meet their needs and improve outcomes.

Increase the number of foster carers in Swindon so that every 'looked after child' who should be, is placed in their home borough.

Ensuring high quality, progressive sexual and reproductive education in Swindon schools.

Support young carers so their emotional or physical wellbeing, educational achievement and life chances are not adversely affected.

Tackle low attainment by age 19 and subsequent lack of progress to higher education that negatively impacts the employability of young people in Swindon.

### **Healthy and risky behaviours**

Focus on prevention by making healthy choices and reducing risky health behaviours including smoking, excess alcohol intake, lack of exercise and unhealthy eating.

Reducing the overall smoking prevalence; the number of people starting smoking; those smoking during pregnancy and prevalence rates in routine and manual occupation groups.

Reduce harm to children of alcohol dependent parents using a Tiered Intervention Model to identify and support children and families in a range of settings.

Developing a population approach to encouraging healthy behaviours and physical activity including the use of social marketing, social media and apps.

Through the Active Swindon Partnership, health and wellbeing should be improved for all by increasing and widening participation in sports, leisure and cultural activities.

### **Mental health and wellbeing**

Increasing the numbers of people with Learning Disability who are in sustainable employment.

Promote and implement the 'Five ways to Wellbeing' (connect; be active; keep learning; take notice; and give), as part of strategy to prevent mental health problems and develop mental resilience of the population.

Raise awareness of gambling related harm amongst the public and professionals.

Better organise health and social care services, including public health programmes to increase resilience and reduce loneliness.

Ensuring people living with dementia can play an active part in their local community.

### **Burden of ill-health**

Delaying onset and slowing progression of LTCs can happen through improved public health, messaging/targeting, personalised care planning, information and supported self-care.

Ensure more people with Atrial Fibrillation, (a risk factor for stroke) are diagnosed and appropriately treated with anti-coagulants.

Improve cholesterol and BMI monitoring in primary care for Type 1 diabetes patients.

Raising awareness of the public on availability and eligibility for cancer screening programmes and empowering health professionals to promote awareness and early diagnosis.

Encouraging people with hearing loss to seek help: it is estimated three times as many people could benefit from hearing aids as have them.

Health services need to respond to the increasing numbers of older people with a range and a combination of disabilities.

Ensure there is timely and appropriate support for people at risk of falling and those who do fall.

There is increasing demand for social care: promoting being active, strength and balance and good social networks will allow people to be more resilient and live independently for longer.

Carers need to be supported to care effectively and safely; look after their own health and wellbeing, fulfil their education and employment potential, and have a life of their own alongside caring responsibilities.

### **Health protection and safeguarding against harm**

Increase the percentage of those vaccinated against seasonal flu to target levels to prevent illness and hospital admission and ease winter pressures on health services.

Reduce unnecessary short trips by car (which are the most polluting) and encourage active travel, alternatives to vehicle use and sustainable travel.

Preventing people sleeping rough in the first place by working in partnership. Ensuring when people do end up on the streets, there is a rapid, joined-up response. Providing access to a range of appropriate services and affordable housing options, if required, to enable successful transitions from rough sleeping into independent living.

Address the criminal exploitation of children by County Lines networks that are supplying crack and heroin.

Ensure the effectiveness of multi-agency safeguarding arrangements for children with particular vulnerabilities.

Reduce road traffic injuries by the continued provision of road safety and awareness training and campaigns, to the public, and especially for children travelling to and from school.

### **Notes on the data**

Detailed information on the data sources used in this report will be published separately alongside any methodological notes. However, please note the following:

- All data refers to Swindon Unitary Authority area unless otherwise stated.
- All data is the most recent data at the time of compilation (December 2018); newer data may have been published since that time.
- All differences labelled as statistically significant or significant have been tested at a 5% significance level.

A Data Guide to the JSNA Summary 2018/19 has also been compiled to show where all the data used in the Summary has originated. This will be published alongside the Summary.



# 1. Population

## Key fact

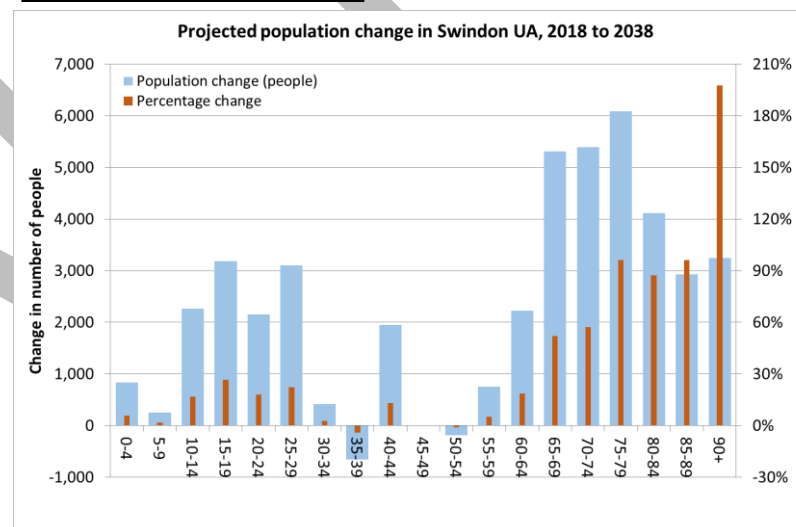
New, 2016-based, SBC projections indicate that Swindon's resident population will increase by 11% between 2018 and 2028 and by a further 7% by 2038.

## Key indicator

### ONS population estimates

Area	Population	Period
Swindon Unitary Authority (people living within the SBC boundaries)	220,363	Mid 2017
Swindon CCG residents (people living within the SBC boundaries or in Shrivenham and Watchfield ward)	226,366	Mid 2017
Swindon CCG registered patients (patients registered with a Swindon CCG GP, irrespective of where they live)	239,531	1/09/2018

## Key indicator



## Key information

- Figures from mid-2017 for Swindon UA show that there were 49,924 under 18s (22.7%); 136,113 aged between 18 and 64 (61.8%) and 34,326 aged 65 or older (15.6%).
- SBC policy-led projections indicate that over half of the estimated population growth between 2018 and 2038 will be in the 65 plus age group (27,700 people). Increases are driven by people living longer and more people coming to live in Swindon than are leaving.
- In 2017, Priory Vale ward had the highest percentage of people under 20 (31.1%) and Wroughton and Wichelstowe ward the highest percentage of people aged 65 or over (26.5%).

## Key issues

- The age structure of the population is projected to change with significantly higher growth in the older age groups than in the younger groups.
- Providing appropriate services, without a large increase in available resources, and helping residents live healthily and independent lives for longer.
- The structure and characteristics of the population vary greatly by electoral ward, which emphasises the need for planning targeted to local needs.

Further information: <http://swindonjsna.co.uk/dna/population-estimates-projections>

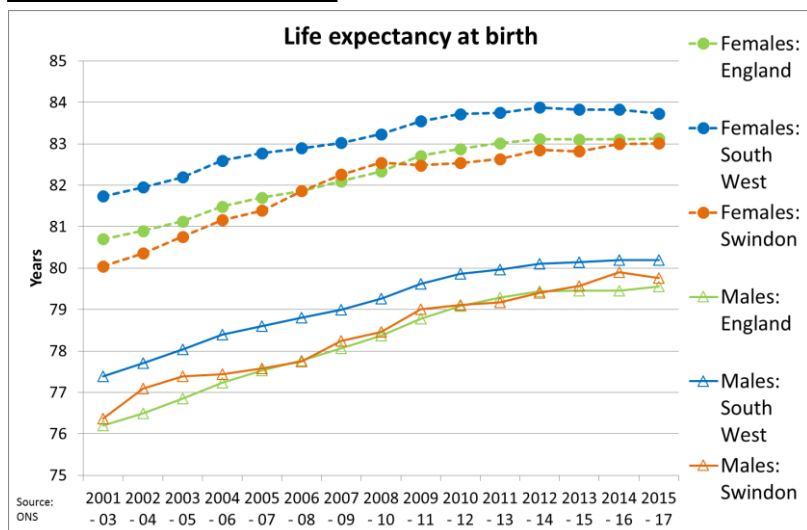
## 2. Life Expectancy

### Key fact

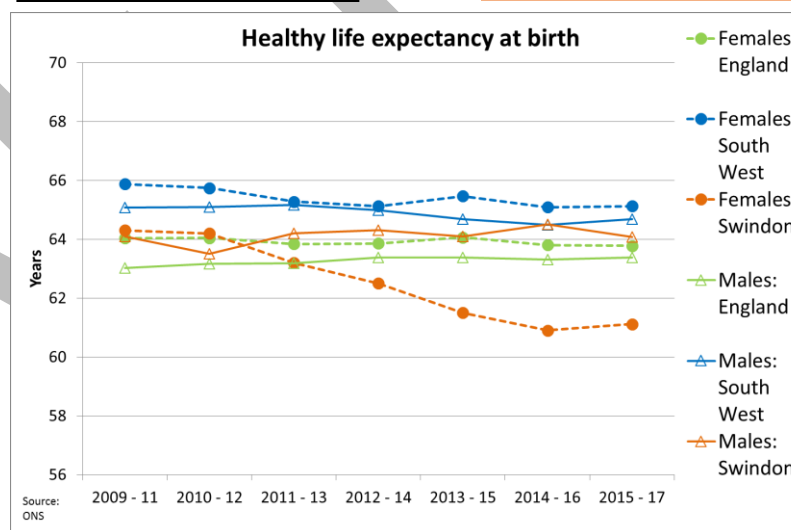
Males in Swindon will spend 80% of their lives in good health, but females will only spend 74% in good health.

Healthy life expectancy is an estimate of how many years a person can expect to spend in "Very good" or "Good" health and is based on survey data on how individuals perceive their general health.

### Key indicator



### Key indicator



### Key information

- In Swindon, in 2015-17, life expectancy is 79.8 years for males and 83.0 years for females, which is similar to England.
- At age 65, life expectancy for males in Swindon is an additional 18.7 years compared to 20.8 years for females. Males will spend more of their remaining time in good health than females (11.5 years for males compared to 9.9 years for females).
- In Swindon, there were 729 male deaths and 478 female deaths considered avoidable in 2014-16. These are similar levels to England overall. The avoidable death rate was 60% higher in males than females.

### Key issues

- Life expectancy is a key health indicator. The rate of increase in life expectancy has slowed in the UK in recent years and some areas have seen a decrease. However, maintaining or increasing life expectancy in Swindon remains an important aim for health and wellbeing related services.
- Reducing the inequality in life expectancy between men and women.
- Increasing the length of time and percentage of life spent in good health, adding life to years not just years to life. The apparently low HLE for females in Swindon has been investigated. It was found to be mainly a result of poor self-reported health confined to the youngest age group surveyed and within expected limits, but which has disproportionately impacted the overall figure.

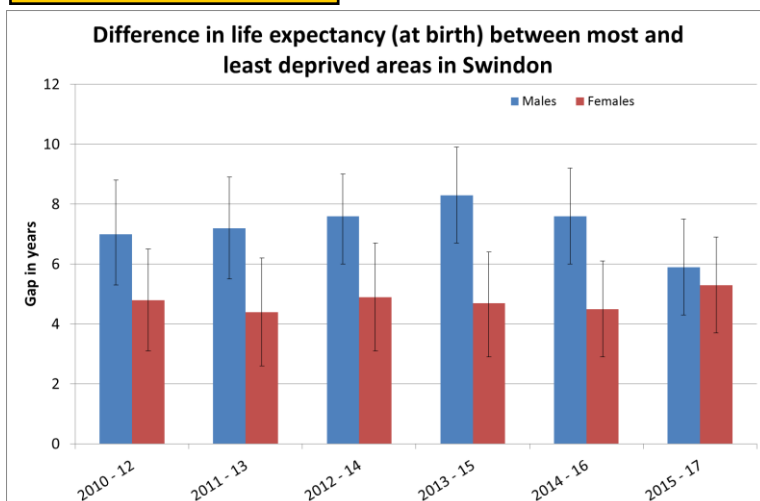
Further information: <http://swindonjsna.co.uk/dna/life-expectancy>

# 3. Deprivation and health inequalities

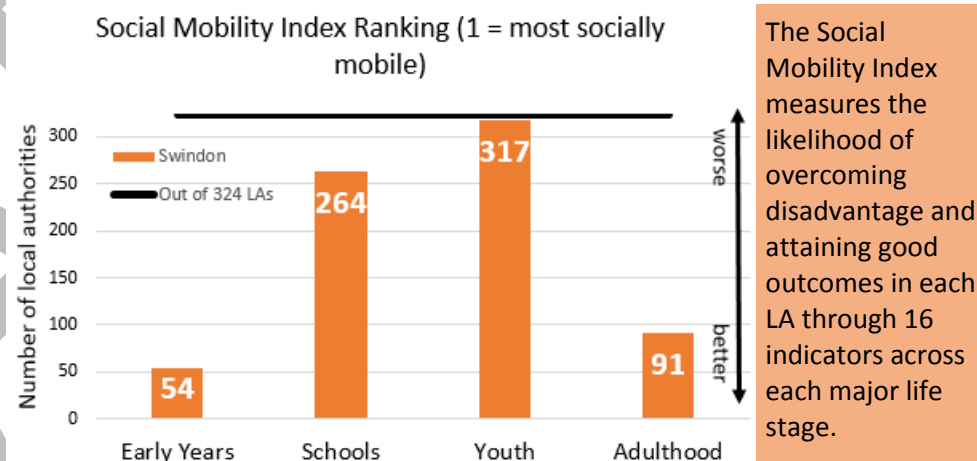
## Key fact

In the most deprived areas of Swindon, men live on average 14 years less in good health and women 12 years less than those in the least deprived areas.

## Key indicator



## Key indicator



## Key information

- Three of the eight most deprived small areas in Swindon are found in Penhill and Upper Stratton ward, a further three are found in Walcot and Park North ward and the remaining two in Gorsehill and Pinehurst ward.
- In Swindon, as in England as a whole, people in more affluent groups have better life chances and better health than people from deprived areas. People in the most deprived groups have a shorter life-expectancy, more emergency hospital admissions before retirement age, and more long term illness before retirement age, compared with people from more affluent areas.
- According to the End Poverty Coalition, 13.8% of children in Swindon are considered in poverty before housing costs are considered or 22.2% if these are included.

## Key issues

- Support those affected by the expected increase in evictions and homelessness resulting from the introduction of Universal Credit and other measures in the 2012 Welfare Reform Act.
- Continue to investigate, understand and address the causes of deprivation in the areas of Swindon experiencing the most extreme and persistent deprivation.
- Investigate the specific reasons for health service usage being higher in more deprived communities and address them.
- Investigate the drivers for low social mobility at the school and youth stages.
- Consider how to evaluate current services and interventions in Swindon that are designed to reduce inequalities so that effectiveness and cost-effectiveness can be determined and compared.

Further information: <http://swindonjsna.co.uk/dna/deprivation-inequalities>

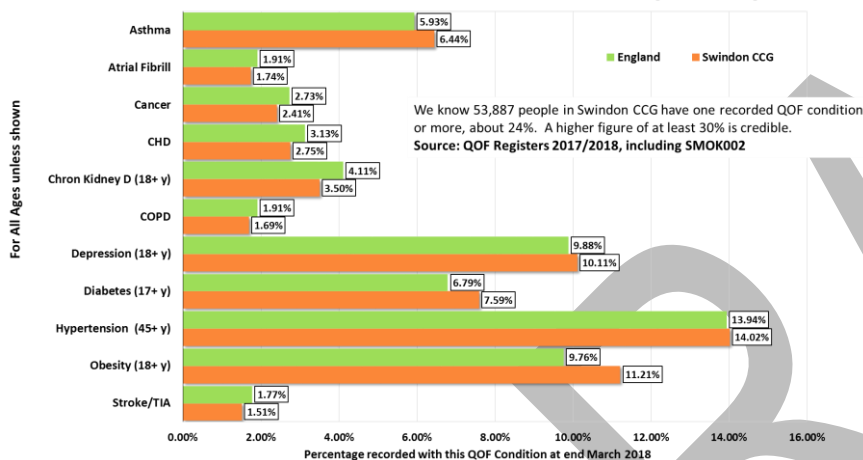
## 4. Long term conditions (LTCs)

### Key fact

Estimates suggest about a third of people in Swindon have a LTC, although many will not be limited in their day to day lives.

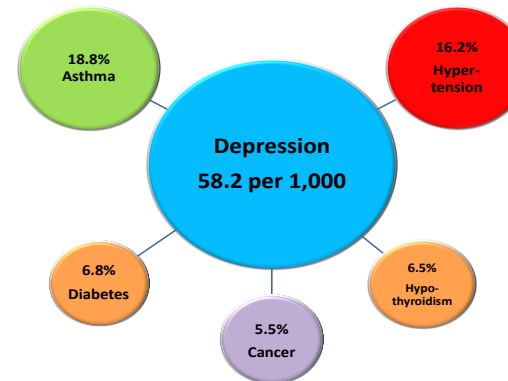
### Key indicator

Prevalence of Most Common QOF Conditions in Swindon CCG and England, All Ages 2018



### Key indicator

Period Prevalence of Depression with its five most common Co-Morbidities in Swindon UA 2015



Source: Imputed through Symphony Matrix Model 2015.

A LTC is a condition that cannot be cured, but can be controlled by medication and other therapies. This overview looks at some individual LTCs and the overall picture. Specific LTCs are also considered in other sections, e.g. cancer, CVD, diabetes and mental health.

Modelled data suggests that 47% of people in Swindon with Depression also have one or more other health conditions.

### Key information

- The key risk factors for developing a LTC are lifestyle-related and age-related.
- There are various ways of estimating the prevalence of LTCs. Swindon QOF data suggests at least 23.8% of people (53,887) have a LTC. However, modelled data suggest this could be higher (32%). Modelled data also suggest that 69% of people aged 65+ years might have a LTC.
- In many cases, there is a psychological component to LTCs. In Swindon, GPs can refer people to the LIFT Psychology service.
- Calculations based on national prevalence estimate that 3,000 people in Swindon CCG are living with the neurological conditions of Multiple Sclerosis, Parkinson's, Motor Neurone Disease or Epilepsy.

### Key issues

- We are working with local and regional colleagues to look at characteristics of people who develop LTCs, to better organise health and social care services, including public health programmes. This will include aspects of resilience and loneliness.
- Focus on prevention by making healthy choices and reducing risky health behaviours including smoking, excess alcohol intake, lack of exercise and unhealthy eating.
- Delaying onset and slowing progression of LTCs can happen through improved public health, messaging/targeting, personalised care planning, information and supported self-care.

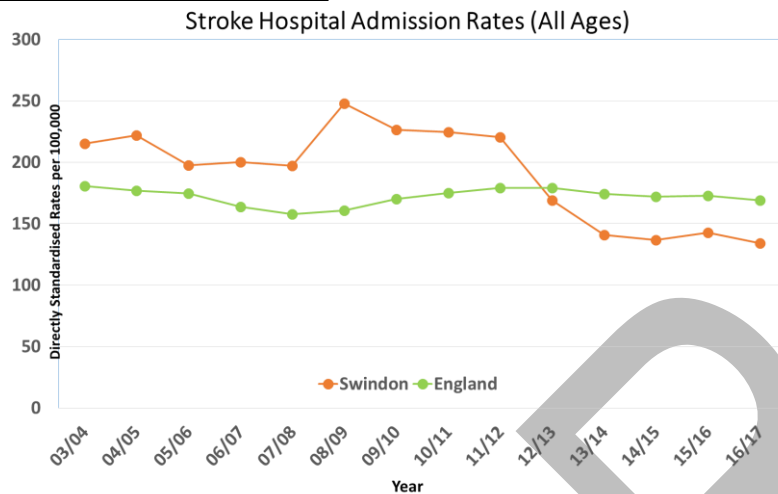
Further information: <http://swindonjsna.co.uk/dna/long-term-conditions>

# 5. Cardiovascular disease

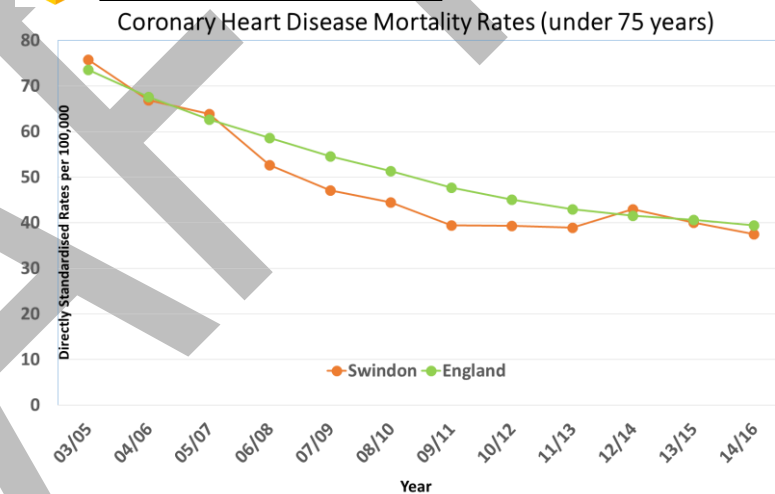
## Key fact

In Swindon CCG, 1,700 people have diagnosed Heart Failure and 4,100 people diagnosed Atrial Fibrillation. Many additional people may be undiagnosed.

## Key indicator



## Key indicator



## Key information

- Cardiovascular Disease (CVD) is mainly composed of Coronary Heart Disease and Strokes, but includes all circulatory system disorders.
- In 2017/18, in Swindon CCG, there were 6,535 people with diagnosed CHD (2.75%) and 3,580 people with diagnosed stroke (1.51%).
- 190 people under 75 in Swindon CCG died from CHD in 2014-16, (37.5 per 100,000, similar to England).
- About one third of stroke survivors have problems with speaking, reading writing and understanding.
- Hospital admissions for stroke fell during 2011/12 to 2016/17. Rates are now significantly lower than England suggesting Swindon manages these conditions better.

## Key issues

- Tackling the behavioural risk factors that are responsible for 80% of CVD by addressing issues such as smoking, unhealthy diet, obesity and physical inactivity. Diabetes is itself a risk factor for CVD.
- Ensure more people with Atrial Fibrillation, (a risk factor for stroke) are diagnosed and appropriately treated with anti-coagulants.
- Reduce cholesterol and blood pressure for those at high risk, to drive down premature death from CVD in deprived areas.
- Increase the proportion of patients with a serious heart attack who are reached by ambulance services and have their arteries unblocked within the 150 minute target.

Further information: <http://swindonjsna.co.uk/dna/cardiovascular-disease>

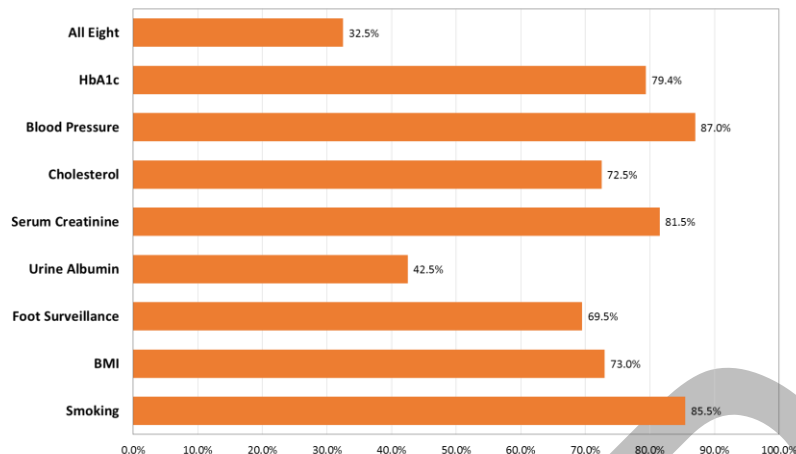
# 6. Diabetes

## Key fact

In Swindon, the annual risk of mortality is 21% higher for those with diabetes compared to those without.

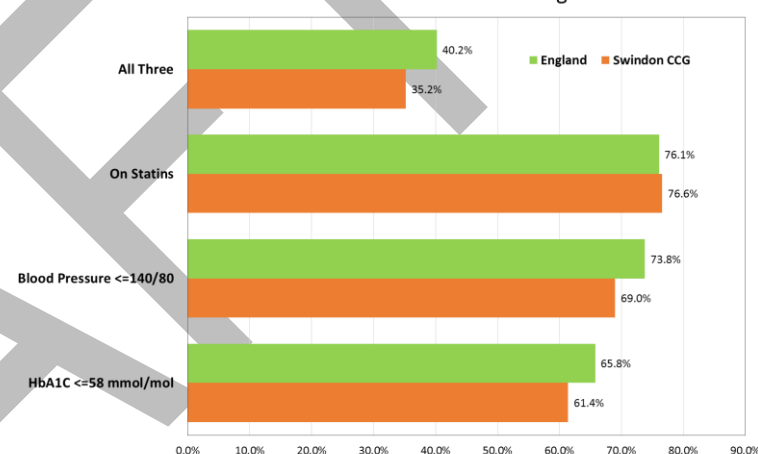
## Key indicator

Percentage of People with Diabetes Type 1 receiving Care Processes in 2017/2018 in Swindon CCG



## Key indicator

Percentage of People with Diabetes Type 2 attaining Treatment Targets in 2017/2018 in Swindon CCG and England



## Key information

- In 2017/18, 14,143 adult patients registered with a Swindon GP were living with diagnosed Type 1 or 2 diabetes (7.6%). The prevalence for England was 6.8%.
- The level of diabetes by GP practice in Swindon ranged from 3.3% to 9.5%.
- In the region of 20,000 adults in the Swindon CCG population have high blood sugar levels indicating a pronounced risk of developing Type 2 Diabetes.
- NICE recommends 8 care processes for primary care patients with diabetes. 59.7% of Swindon CCG Type 2 diabetes patients received all these in 2017/18, (the level expected for such a population). For Type 1 the proportion was 32.5% (lower than expected.)
- In 2017/18, 14.3% of Swindon Type 1 patients attained all 3 main treatments to target, (Blood pressure control and blood sugar control to target, plus use of statins), whereas in England 18.9% attained all 3.

## Key issues

- Identifying and supporting people in Swindon with un-diagnosed diabetes.
- Tackling preventable risk factors for Type 2 Diabetes including supporting the NHS Diabetes Prevention Programme which focuses on weight loss, physical activity and diet.
- Supporting and planning for on-going care and improved self-management for young people with diabetes transitioning to adult services.
- The 2017/18 national diabetes audit suggests that Swindon needs to do better in carrying out cholesterol and BMI monitoring for Type 1 patients, although Swindon's delivery of all the recommended 8 care processes has improved since the previous audit.

Further information: <http://swindonjsna.co.uk/dna/diabetes>

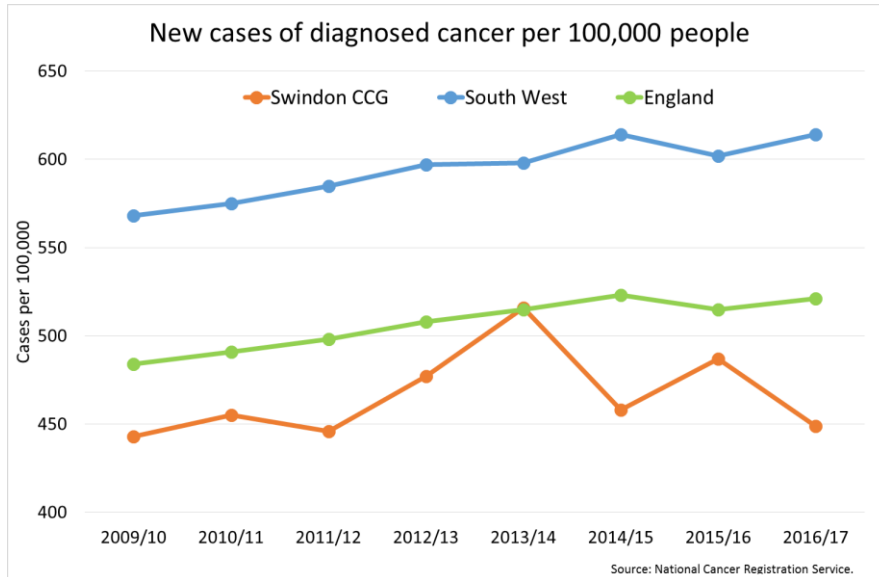


# 7. Cancer

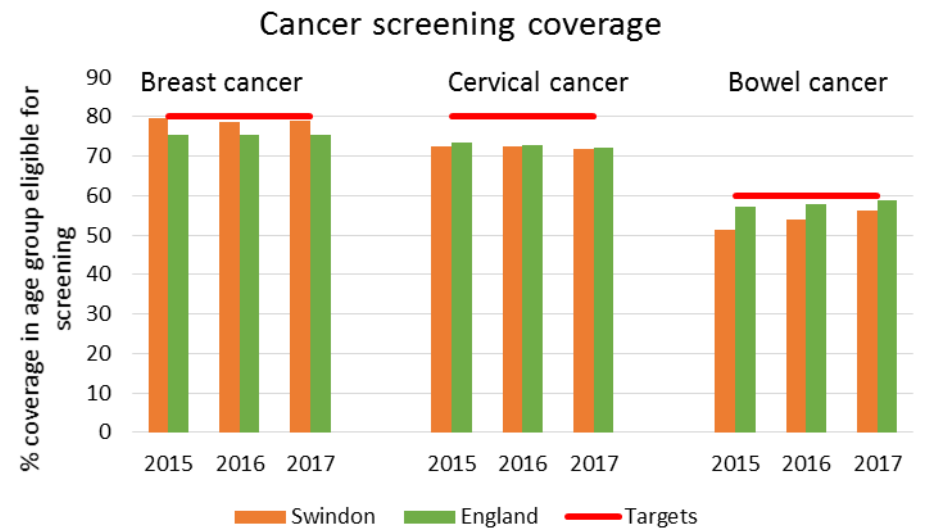
## Key fact

In 2017, 56% of those aged 60-74 had a recent screen for bowel cancer, up from 51% in 2015 but below the 60% target.

## Key indicator



## Key indicator



## Key information

- In line with England, cancer is the leading cause of deaths in under 75s in Swindon. In 2015-17, 743 people under 75 in the LA area died from cancer, of which 56% were considered preventable.
- Incidence is fairly stable over the last 20 years but mortality rates are falling. This is mainly due to earlier detection and better treatment and means there are more cancer survivors needing support. This has contributed to rising cancer prevalence in primary care which was estimated as 2.4% in 2017/18 in Swindon up from 1.0% in 2007/08.
- Around 40% of cancers can be prevented by making changes to habits around smoking, alcohol, diet and physical activity.
- In 2017/18, 81% of patients started treatment for cancer within 62 days of an urgent GP referral, which was below the target of 85%.

## Key issues

- Primary prevention through healthy lifestyle messages and services.
- Raising public awareness of the early symptoms of cancer and encouraging people to seek medical advice.
- Raising awareness of the public on availability and eligibility for cancer screening programmes and empowering health professionals to promote awareness and early diagnosis.
- Modernising treatment pathways and increasing capacity for diagnosis and treatment, including development of a new cancer treatment unit at the Great Western Hospital.
- Supporting those who survive cancer to live active healthy lives.
- Cancer care is a focus for Swindon CCG, this includes ensuring patients with suspected cancer are diagnosed and treated within target timescales.

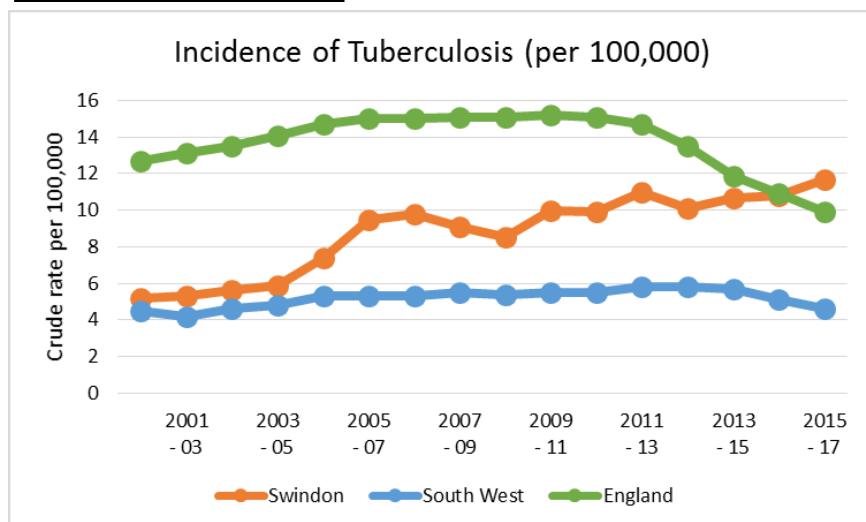
Further information: <http://swindonjsna.co.uk/dna/cancer>

# 8. Communicable disease and immunisation

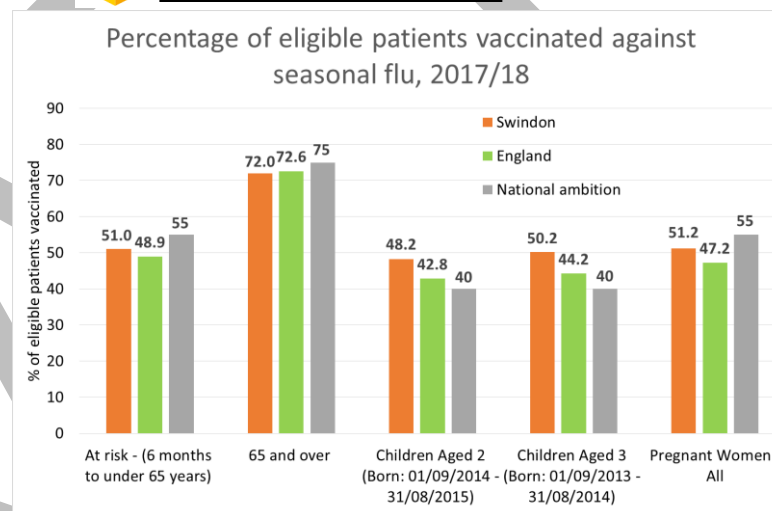
## Key fact

The number of cases of Tuberculosis (TB) in Swindon has almost trebled from 28 in 2000-02 to 77 in 2015-17.

## Key indicator



## Key indicator



HPV: Human Papilloma Virus

TB: Tuberculosis

PPV: Pneumococcal Polysaccharide Vaccine

MMR: measles, mumps and rubella

Dtap: Diphtheria, pertussis (whooping cough) and tetanus

IPV: inactivated polio vaccine

Hib: Haemophilus influenzae type b

## Key information

- In Swindon, in 2015-17, there were 82 deaths from communicable diseases (including influenza) which is equivalent to 15.1 per 100,000 people and significantly higher than the England rate (10.9 per 100,000).
- The percentage of those aged 65 or over in Swindon who have received the PPV has gone up to 68.5% but is still significantly lower than England.
- In Swindon, in 2017/18, 92.7% of girls aged 13-14 received the HPV vaccine. This was easily the highest in the South West and 9% higher than England.
- Of the nine routine immunisations for children under six years old, Swindon's coverage is falling on seven. The target coverage to achieve herd immunity is 95%, Swindon is meeting or exceeding this on two of the nine immunisations.

## Key issues

- Maintain high rates of HPV coverage.
- Increase PPV coverage to the target levels (previous year's England value).
- Increase percentage of at risk individuals, aged under 65, vaccinated against seasonal flu to the target of 55% and percentage of 65s and overs to 75%.
- Tuberculosis infection in Swindon has not been falling as seen in the rest of the country. This is being investigated by a multi-disciplinary team.

Further information: [http://swindonjsna.co.uk/dna/ComDis\\_Immun](http://swindonjsna.co.uk/dna/ComDis_Immun)

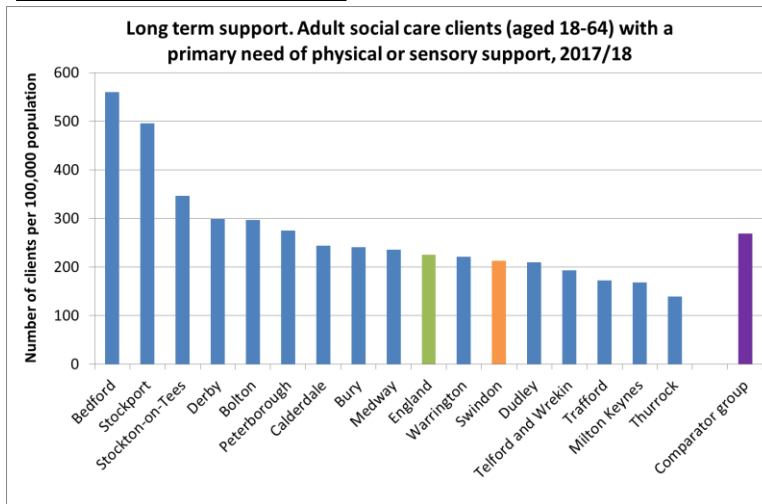


# 9. Physical and sensory disabilities

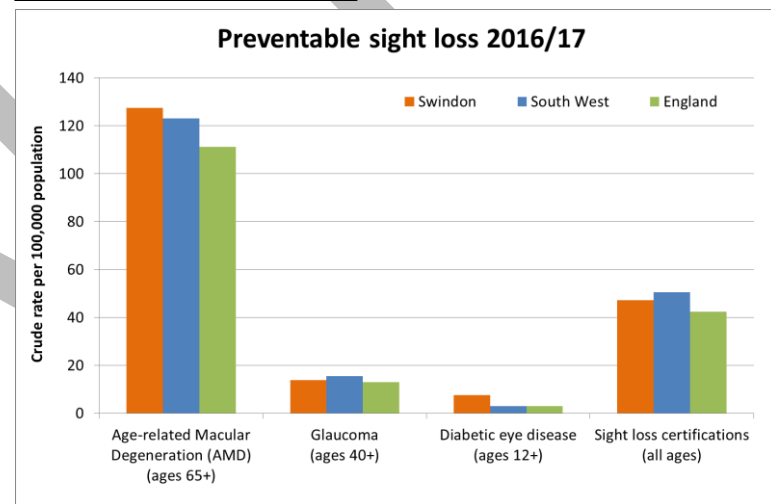
## Key fact

In Swindon, there are an estimated 34,000 people with some hearing loss and, of these, there are an estimated 3,500 with severe hearing loss.

## Key indicator



## Key indicator



## Key information

- In Swindon UA, 10,775 people, between 18 and 64, are estimated to have a moderate disability and a further 3,200 to have a severe disability.
- Each year Swindon Social Services receive requests for support from new clients. In 2017/18 there were 3,714 new requests per 100,000 adults, which is higher than the England value of 3,315.
- There are an estimated 6,220 people (2.8%) living with sight loss in Swindon compared to 3.1% in England. By 2030, in Swindon, it's expected there will be 8,400 people living with sight loss including 1,130 blind people.
- In Swindon, in 2017/18, 8.0% of children assessed by children's social care as in need of a service are disabled. Of these, 18% have mobility impairments, 4.6% hearing impairments and less than 4% have a visual impairments.

## Key issues

- Responding to the increasing numbers of older people with a range and a combination of disabilities.
- Ensure people living with a disability will have access to a range of housing options that will help them live independently
- Prevent sight loss by diagnosing and treating eye problems in a timely fashion.
- Improving awareness of the need for eye tests amongst young people and their parents or carers.
- Encouraging people with hearing loss to seek help: it is estimated three times as many people could benefit from hearing aids as have them.

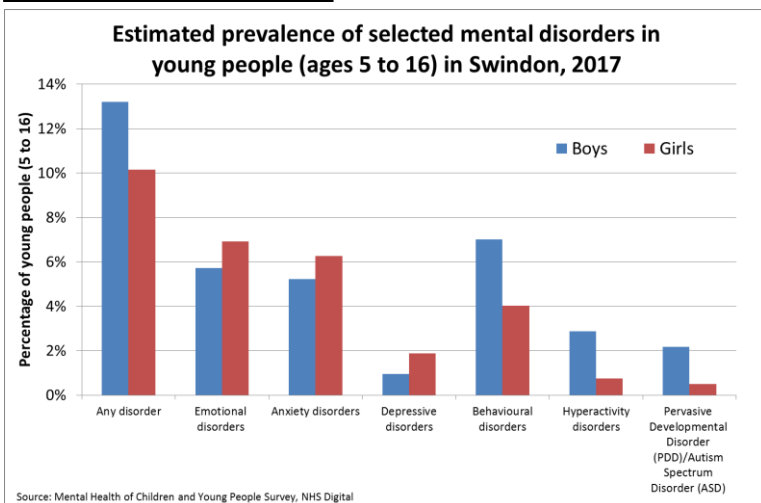
Further information: <http://swindonjsna.co.uk/dna/physical-sensory-disability>

# 10. Mental health and wellbeing

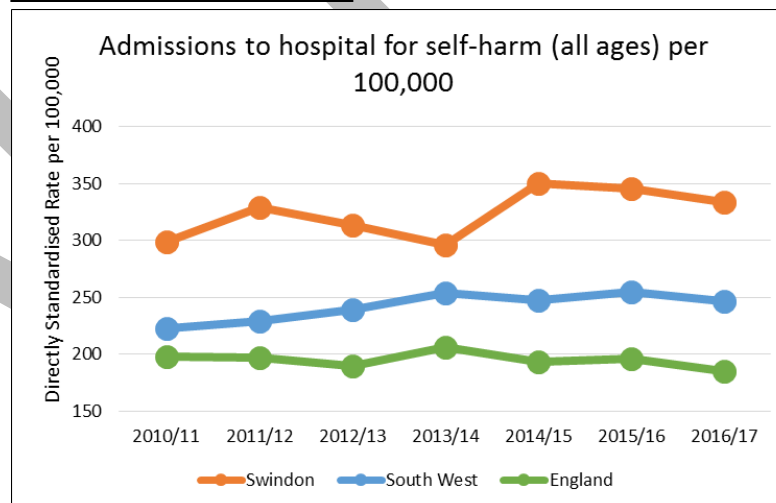
## Key fact

People among the most deprived 10% of society are more than twice as likely to die from suicide than the least deprived 10% of society.

## Key indicator



## Key indicator



## Key information

- In Swindon, there are an estimated 16,900 females and 10,700 males with common mental health problems of a level likely to benefit from identification and possible intervention.
- Data from GP registers indicates that in 2017/18, Swindon had 18,580 people with diagnosed depression (10.1% of adults), and over 2,000 of these were diagnosed in the past year.
- It is estimated there are between 1,315 and 1,880 problem gamblers in Swindon and nearly 20,000 people could be affected by gambling related harm.
- There were 46 suicides in Swindon in 2015-17, and rates are slightly below the England and South West averages.

## Key issues

- Promote and implement the 'Five ways to Wellbeing' (connect; be active; keep learning; take notice; and give), as part of strategy to prevent mental health problems and develop mental resilience of the population.
- Support individuals with mental health and substance misuse issues.
- Offer Emotional Literacy Support Advisory (ELSA) training to all schools in Swindon.
- Reduce hospital admissions for self-harm, in young people and the general population. Focus on men to prevent suicidal intent.
- Use the Crisis Care Concordat to ensure access to high quality mental health and crisis services for all those who require them, and particularly those with a history of self-harm and/or recorded suicide intent.

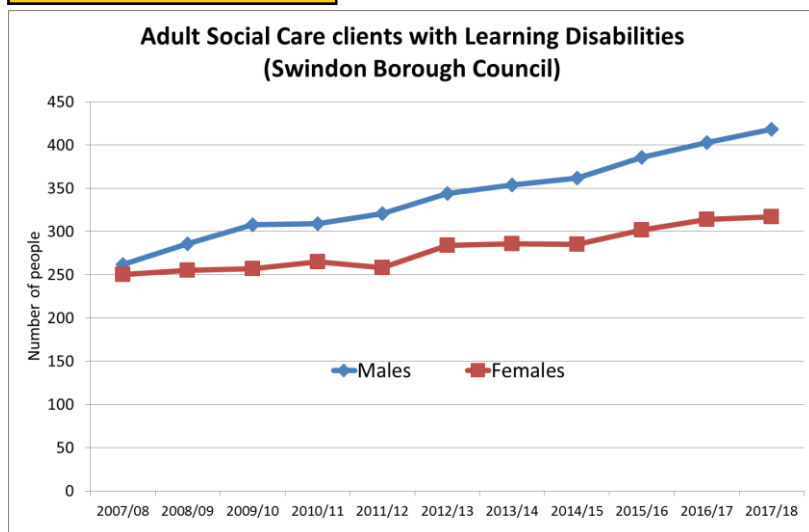
Further information: <http://swindonjsna.co.uk/dna/mental-health-wellbeing>

# 11. Learning disabilities (LD)

## Key fact

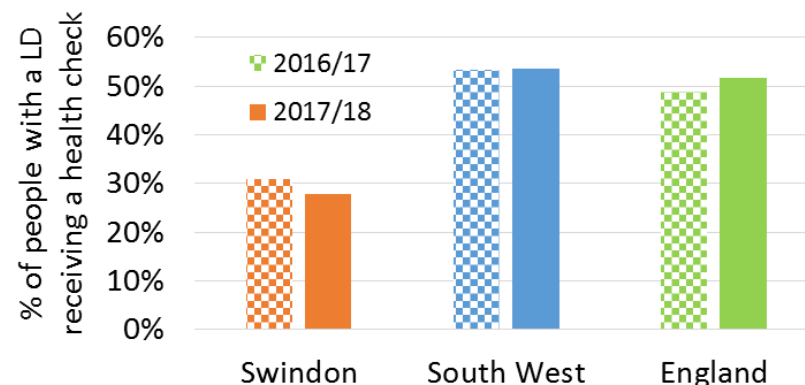
There are an estimated 860 adults in Swindon diagnosed with moderate or severe learning disabilities; around a third of whom live with a parent

## Key indicator



## Key indicator

**Proportion (%) of eligible adults with a learning disability having a GP health check**



## Key information

- There are about 4,000 adults with Learning disabilities (LD) in Swindon ranging from mild to severe disability.
- Swindon Adult Social Care had 735 clients with learning disabilities in March 2018. Of those receiving a service, 29% are placed in residential or nursing care with 51% of these being outside Swindon.
- In Swindon, 73.9% of adults with LD live in stable and appropriate accommodation which is lower than to England (77.2%) and the South West (75.5%) but is up from 56% in 2011/12.

## Key issues

- Increasing the numbers of people with LD who are in sustainable employment.
- To accommodate people with LD in, or close to, Swindon, so they can maintain close links with their home community.
- Ensure people with LD live in their own or tenanted accommodation.
- Support people to live as independently as possible.
- Enable people with LD to fully participate in their communities.
- Increase the proportion of eligible adults with LD who receive a GP health check.

Further information: <http://swindonjsna.co.uk/dna/learning-disabilities>

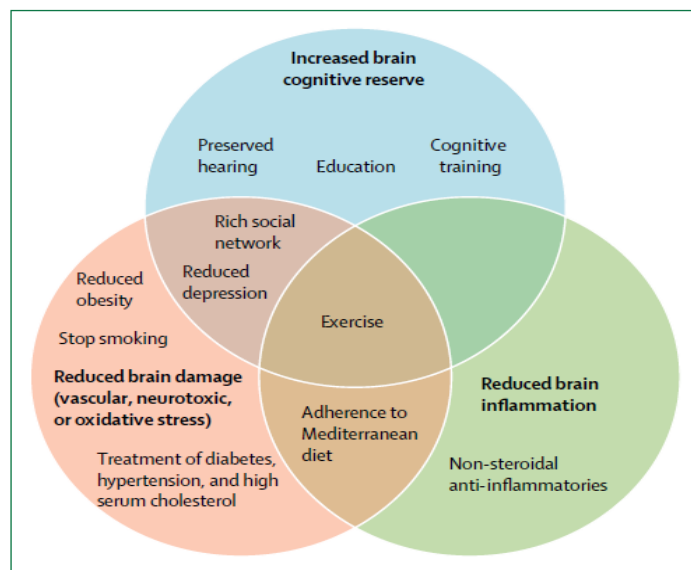
# 12. Dementia

## Key fact

A third of dementia cases may be preventable through addressing modifiable risk factors.

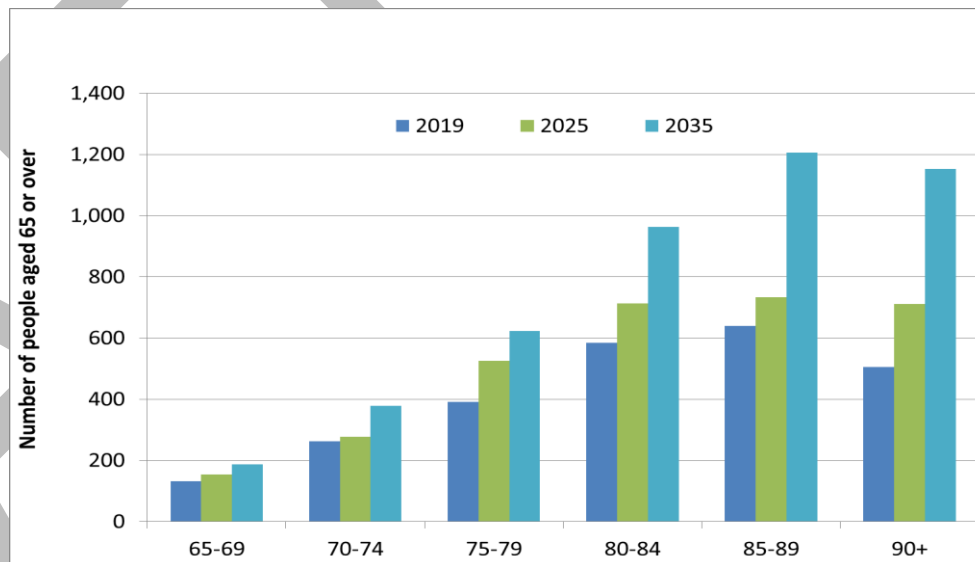
## Key indicator

Dementia risk reduction strategies & potential underlying brain mechanisms



## Key indicator

People aged 65+ in Swindon predicted to have dementia projected to 2035



## Key information

- Estimates, based on the Dementia UK Update 2014 Report, suggest there are about 2,400 people aged 65+ living with dementia in Swindon, with nearly half of these over 85. This equates to about 7% of the total population aged 65+.
- In Swindon, 1,431 people aged 65+ were actually recorded as living with dementia in 2017; the diagnosis rate in this age group is estimated at 62.7%.
- Most people in Swindon with dementia (81%) have at least one other Long Term Condition, e.g. diabetes, CHD, cancer.
- Based on national data, it is estimated that dementia is the underlying cause for 12.5% of deaths in Swindon.
- There are 7,650 people signed up to be a Dementia Friend in the Swindon area.

## Key issues

- Improving timely diagnosis and ensuring support services are in place for people and carers who need them post-diagnosis.
- Raising awareness of dementia for everyone to make Swindon a Dementia Friendly Community and ensuring people living with dementia can play an active part in their local community.
- Increasing community clinical support for people living with dementia.
- Reducing avoidable hospital and care home admissions and reducing length of stay.
- Safeguarding people living with dementia.

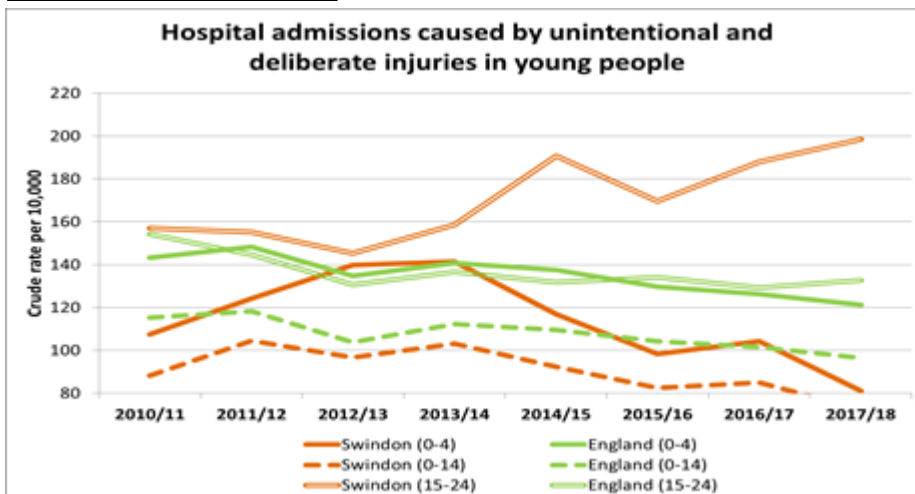
Further information: <http://swindonjsna.co.uk/dna/dementia>

# 13. Falls and bone health, accidents and injuries

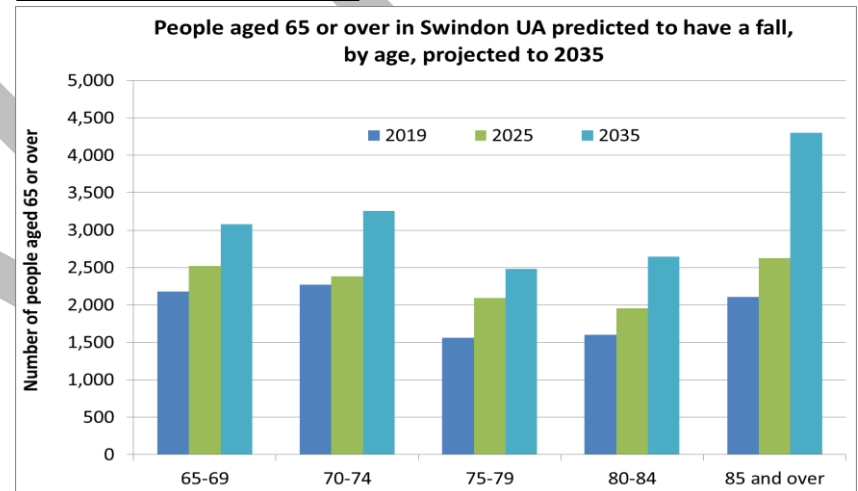
## Key fact

Each year, 30% of people older than 65 and 50% of people older than 80 fall at least once.

## Key indicator



## Key indicator



## Key information

- In Swindon, in 2017/18, there were 1,944 emergency hospital admissions per 100,000 population for injuries due to falls in people aged 65 plus. This was significantly lower than the rate for England (2,170). For the 80 plus age group, the rate was 5,094 per 100,000, similar to the national rate (5,469).
- In Swindon, in 2017/18, there were 308 hospital admissions caused by unintentional and deliberate injuries in those aged 0-14 and Swindon's admission rate was significantly below England's. In those aged 15-24, the number of admissions was 461 and Swindon's admissions rate was significantly higher than the England rate.
- Over 2015-17, 216 people from Swindon were killed or seriously injured in road collisions. This equates to 32.9 per 100,000 and is significantly lower than the England rate of 40.8 per 100,000.

## Key issues

- Developing a clearer pathway for falls prevention and working in partnership to promote strength and balance exercise throughout life and ensure there is timely and appropriate support for people at risk of falling and those who do fall.
- Tackle the leading, preventable causes of death and serious long-term harm in children under the age of five: choking, suffocation and strangulation; falls; poisoning; burns and scalds; and drowning.
- Reduce road traffic injuries by the continued provision of road safety and awareness training and campaigns, to the public, and especially for children travelling to and from school.

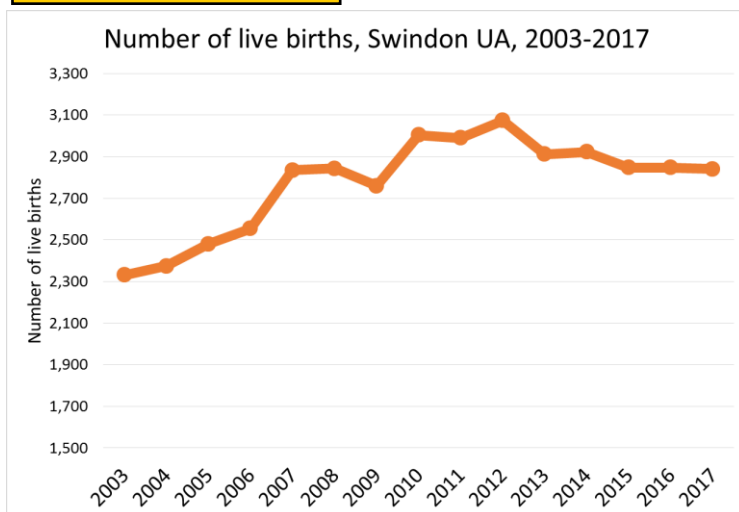
Further information: <http://swindonjsna.co.uk/dna/falls-bone-health-injuries>

# 14. Maternity and breastfeeding

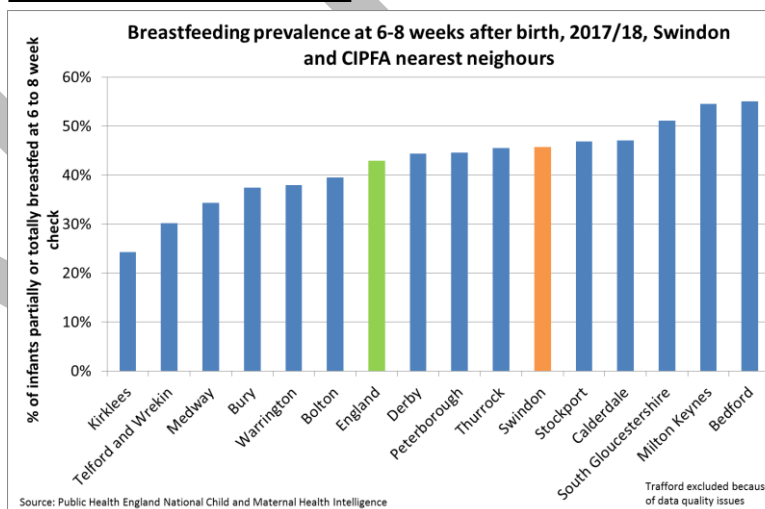
## Key fact

In Swindon (CCG), 315 women were smokers at the time of delivery in 2017/18 which was 11% of all women giving birth that year.

## Key indicator



## Key indicator



## Key information

- 2,840 babies were born in Swindon UA in 2017. Swindon's total fertility rate in 2017 was 1.98 – this is average number of children a woman is Swindon is estimated to have. This was higher than England (1.76).
- SBC population projections forecast that the number of babies born in Swindon will increase slowly each year to reach 3,000 by 2033. However, actual numbers will fluctuate from year to year.
- In Swindon in 2016/17, 76.7% of women initiated breastfeeding (higher than the England rate (74.6%). However, by the 6-8 week health visitor check only 45.7% of babies were being breastfed in Swindon (2017/18) – similar to the national rates.

## Key issues

- Increase the number of women who initiate breastfeeding and support those who start to sustain breastfeeding for longer, especially in areas of deprivation which have lower breastfeeding prevalence rates.
- Maintain continuity of care and appropriate staffing levels despite a rising birth rate, increasing complexity and financial constraints.
- Improve maternal nutrition and reduce maternal obesity levels.
- Improve the care pathway for women with maternal mental health difficulties including those with chronic low-level problems.
- Reduce smoking in pregnancy to 9% by 2020 and 6% by 2025.
- Support the Better Births Initiative to promote high quality maternity care.

Further information: <http://swindonjsna.co.uk/dna/maternity-breastfeeding>

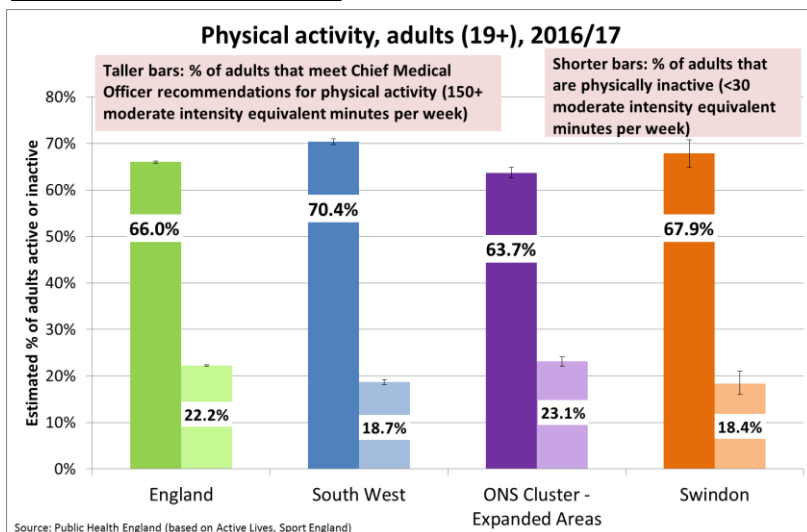


# 15. Healthy weight, healthy eating & physical activity

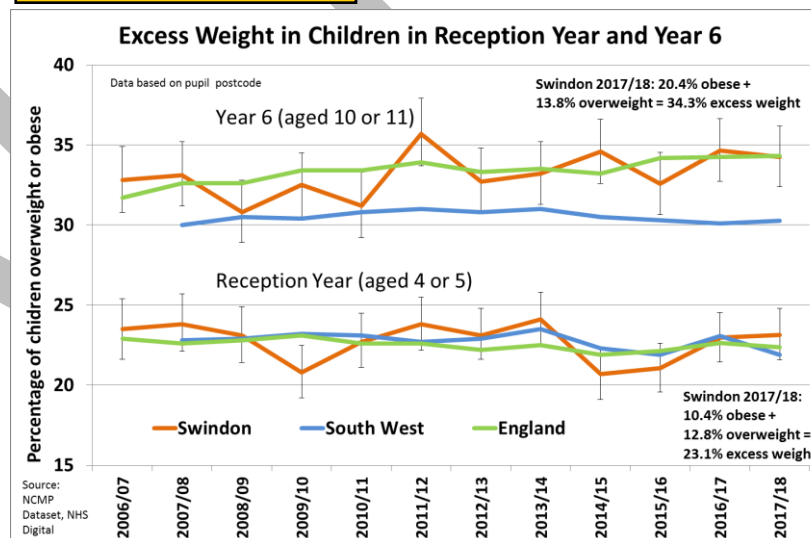
## Key fact

Surveys found that in 2016/17, 64% of adults in Swindon were categorised as having excess weight, including 25% who were obese.

## Key indicator



## Key indicator



## Key information

- Surveys found that around 5% fewer adults in Swindon were categorised as having excess weight in 2016/17 than in 2015/16 and around 1% more were categorised as physically active.
- People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle and it also reduces the risk of dementia.
- Adults in Swindon eat an average of two and a half portions of fruit a day and a further two and a half portions of vegetables. This is lower than in England overall and the South West. 15 year olds in Swindon eat significantly fewer portions of vegetables than adults and slightly fewer portions of fruit.

## Key issues

- The high rates of obesity in Swindon and resulting ill health.
- Making physical activity and healthy eating desirable and part of everyday life.
- Influencing the built environment so that being active becomes an easy choice for Swindon residents
- Encouraging physical activity and healthy eating within Swindon's workplaces.
- Tackling perceived barriers around eating healthier and doing more physical activity, e.g. price of healthy food and lack of time to exercise.
- Developing a population approach to encouraging healthy behaviours and physical activity including the use of social marketing, social media and apps.

Further information: <http://swindonjsna.co.uk/dna/weight-eating-activity>

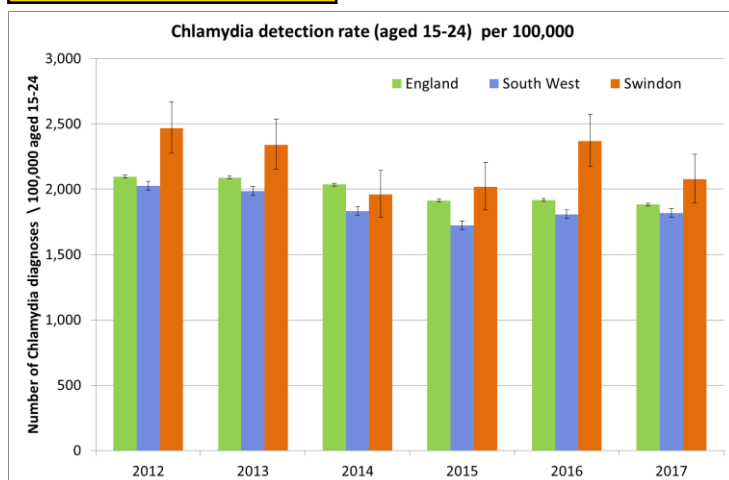
# 16. Sexual health

Sexual health covers a wide range of areas including contraception, sexually transmitted infections (STIs), teenage pregnancy, abortions and sexual offences and is important across the whole life course.

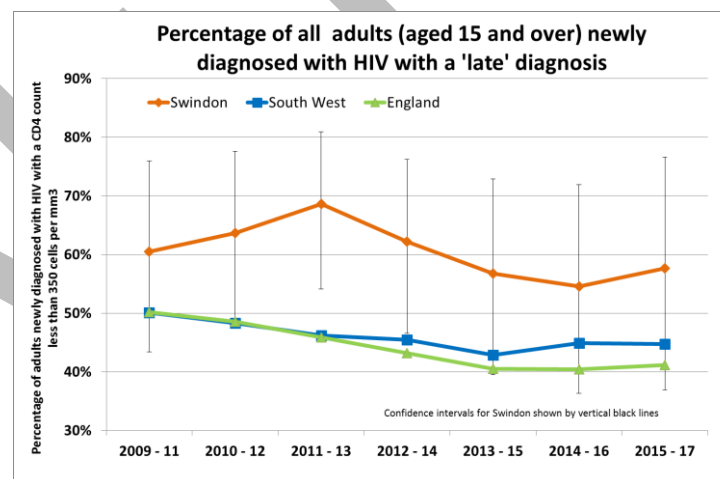
## Key fact

In Swindon, in 2016, there were 72 conceptions to under 18s. The resultant teenage conception rate is two thirds lower than it was at the turn of the century.

## Key indicator



## Key indicator



## Key information

- In Swindon, in 2017, 24.6% of abortions in women aged under 25 were repeat abortions; similar to 26.7% in England overall.
- In Swindon, in 2017, 83.3% of abortions were under 10 weeks' gestation which lowers the risk of complications. This was significantly higher than England (76.6%).
- There were 1,519 new STI diagnoses in Swindon in 2017. The diagnosis rate is significantly down from 2013 when 1,882 new STIs were diagnosed.
- In Swindon, there were 13 new cases of HIV diagnosed in 2017 and 213 people with diagnosed HIV being seen at Swindon HIV services. HIV testing was accepted in 75.7% of cases it was offered in genitourinary clinics.

## Key issues

- Ensuring open access to contraceptive services and specialist young people sexual and reproductive health outreach services.
- Ensuring high quality, progressive sexual and reproductive education in Swindon schools.
- Reduce late diagnosis of HIV by expanding access to HIV self-sampling and testing and aspire to test 100% of men who have sex with men for HIV through continuous engagement.
- Work with primary care to improve the proportion of young people aged 15 – 24 screened for Chlamydia.
- Ensuring access and rapid treatment for sexually transmitted infections along with high partner notification rates to reduce onward infection.

Further information: <http://swindonjsna.co.uk/dna/sexual-health>

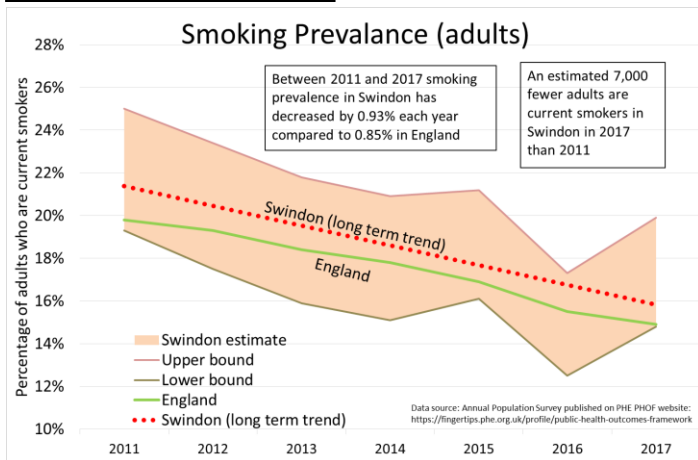


# 17. Substance misuse

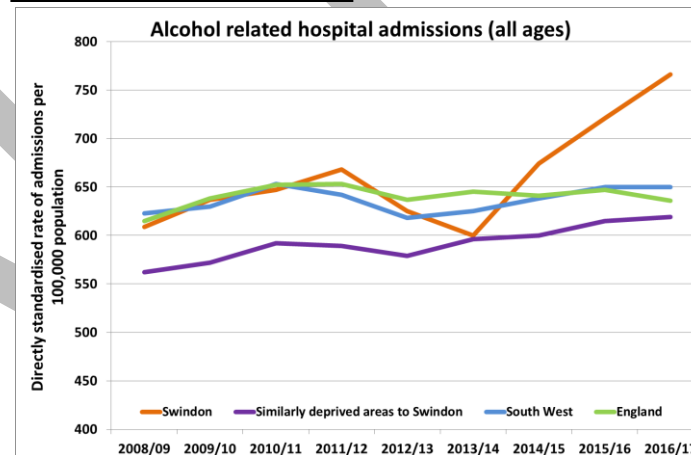
## Key fact

People living in the most deprived areas of England are more than four times more likely to smoke than those living in the least deprived areas.

## Key indicator



## Key indicator



## Key information

- Smoking prevalence in routine and manual workers in Swindon has fallen by 10% since 2011 to 26.2%, similar to England and the South West.
- In Swindon, in 2017, 55% of young people left treatment with U turn for substance misuse having achieved their treatment goals.
- There were 17 deaths from drug misuse in Swindon in 2015-17. This is down by one third from a peak of 25 deaths in 2012-14 and equates to 2.4 per 100,000 people. This is lower than the England rate of 4.3 per 100,000.
- In 2016/17, there were 421 admissions to hospital related to alcohol for under 40s from Swindon. This equates to a rate of 403 per 100,000 people and is significantly higher than England and the South West. Swindon's admission rates for females of all ages, other than under 18s, are also significantly higher than the England rates.

## Key issues

- Reduce the overall smoking prevalence; the number of people starting smoking; those smoking during pregnancy and prevalence rates in routine and manual occupation groups.
- Increased focus on systematic prevention, brief and early interventions.
- Improve understanding and response of increasing new opiate presentations.
- Build a prevention and treatment strategy which can adapt to changing profiles of drug use and with regard to diversity.
- Reduce harm to children of alcohol dependent parents using a Tiered Intervention Model to identify and support children and families in a range of settings.
- Tackling the harms associated with long-term alcohol overuse.
- Supporting the safe use of e-cigarettes as a means of reducing harm for those who cannot quit, which will contribute to reducing the prevalence of smoking.

Further information: <http://swindonjsna.co.uk/dna/substance-misuse>

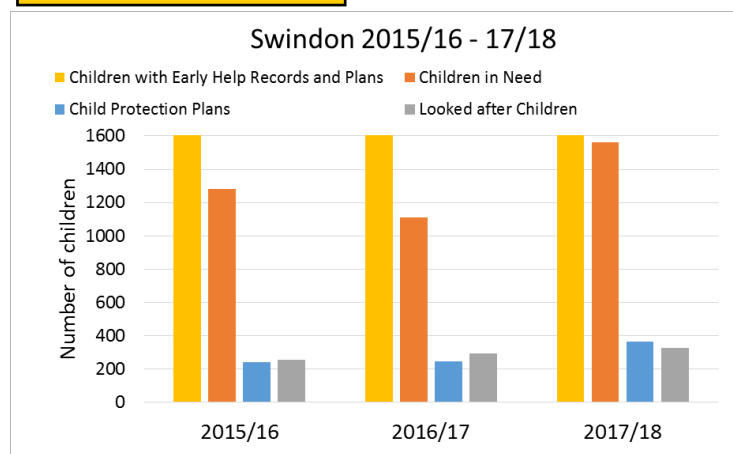
# 18. Safeguarding

Multi-agency partnerships in Swindon have safeguarding duties for children and adults at risk. Children are vulnerable by virtue of their age and adults supported by safeguarding arrangements are those who: have needs for care and support; is experiencing, or is at risk of, abuse or neglect; and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

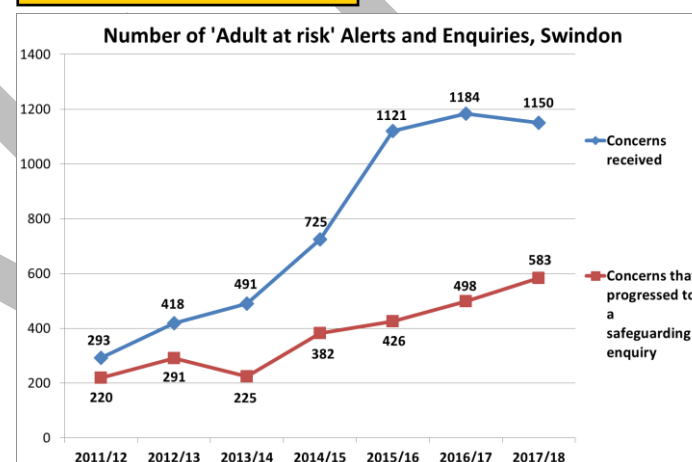
## Key fact

There were 1,500 Children in Need in March 2018, which is 320 per 10,000 young people and higher than the national rate and than statistically similar authorities.

## Key indicator



## Key indicator



## Key information

- There were 362 children on a child protection plan at the end of March 2018, down from 382 in December 2017, but significantly higher than March 2017 (244 children). The data shows that Swindon has a higher number of child protection investigations than other local authorities, and that a higher number of these progress to a child protection conference.
- The number of alerts reported to adult services for further investigation fell slightly between 2016/17 and 2017/18 but those that progressed to a safeguarding enquiry rose by 17%. This could signify that the accuracy of concerns raised is improving, or the team receiving concerns are becoming cautious when screening cases out.
- In 2017/18, for the first time, neglect is the most frequent form of abuse of adults at risk instead of physical abuse. This is in line with national trends.

## Key issues

- Ensure that children receive the right help at the right time by improving the understanding of the thresholds for intervention amongst people that work with children and families.
- In line with [Working Together 2018](#), ensure the effectiveness of multi-agency safeguarding arrangements for children with particular vulnerabilities such as young carers, those showing signs of being drawn into anti-social or criminal behaviour and those with Special Educational Needs or who are disabled.
- Educate care providers to use their own procedures, e.g. incident reporting, disciplinary procedures or complaint action where appropriate rather than being over cautious and raising safeguarding alerts.
- Understanding how the widening of definitions within the Care Act Guidance impacts on referrals of adults at risk.

Further information: <http://swindonjsna.co.uk/dna/safeguarding>

# 19. Carers

## Key fact

Since 2001, the estimated number of carers in Swindon has risen by 33% compared to the national average of 17.7%.

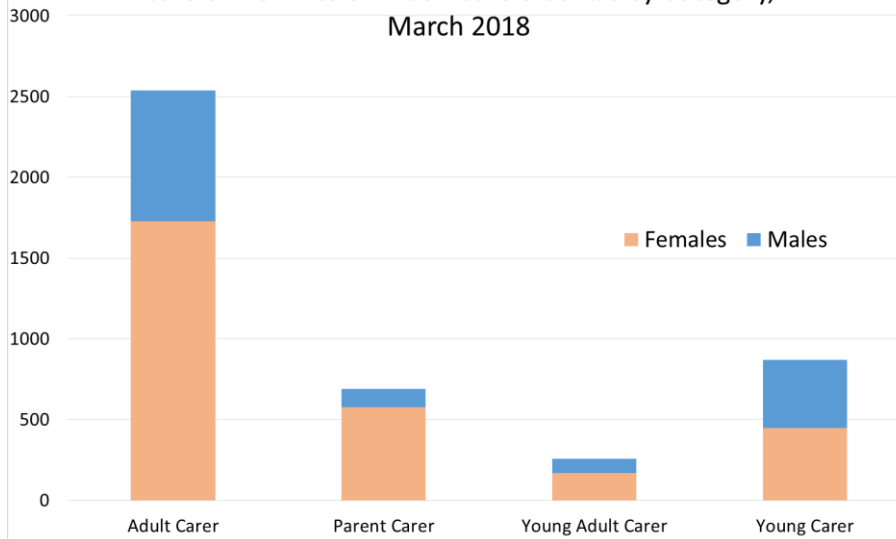
## Key indicator

Carers provide unpaid care to a child, relative or friend needing help due to age, addiction, mental/physical impairment or illness.

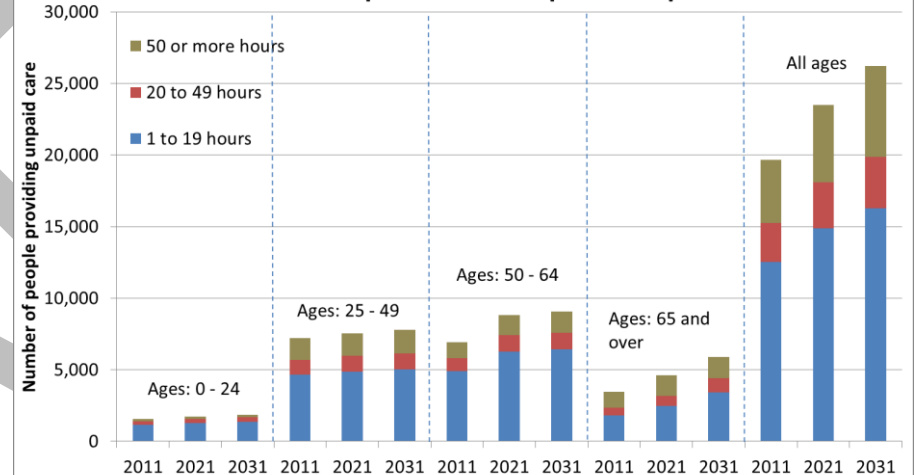
## Key indicator

Young carers are under 18s who provide regular or on-going care and emotional support to a family member.

Carers Known to Swindon Carers Centre by Category, March 2018



Number of hours per week of unpaid care provided



## Key information

- The 2011 Census indicated there were 19,450 people in Swindon providing unpaid care. 2015 estimate put the current figure at 21,000 and the true number could be higher still based on national survey data.
- However, only around 4,000 are active clients of the Swindon Carers Centre (SCC) and 1,096 carers received an annual assessment or review from the Council in 2017/18.
- Nationally, an estimated 84% of carers find that caring has a negative impact on health and in particular mental health. In 2011 to 2015, male and female carers had a risk of suicide that was almost twice the national average.
- The estimated value of unpaid care in Swindon is just under £400m per year.

## Key issues

- Improve carers' physical health, mental health and wellbeing.
- Enable carers to influence services and that the carer voice is prominent in developing the Carers Strategy for Swindon.
- Ensure that carers can make choices about their caring role and access appropriate inclusive support and services for themselves and the people they care for.
- Make carers' needs, and the value of carers, better understood across health, social care, education and employment in Swindon.
- Provide accessible welfare, debt and money management advice so that carers are supported to ensure their financial situation is the best it can be, meaning they are less worried about money.

Further information: <http://swindonjsna.co.uk/dna/carers>

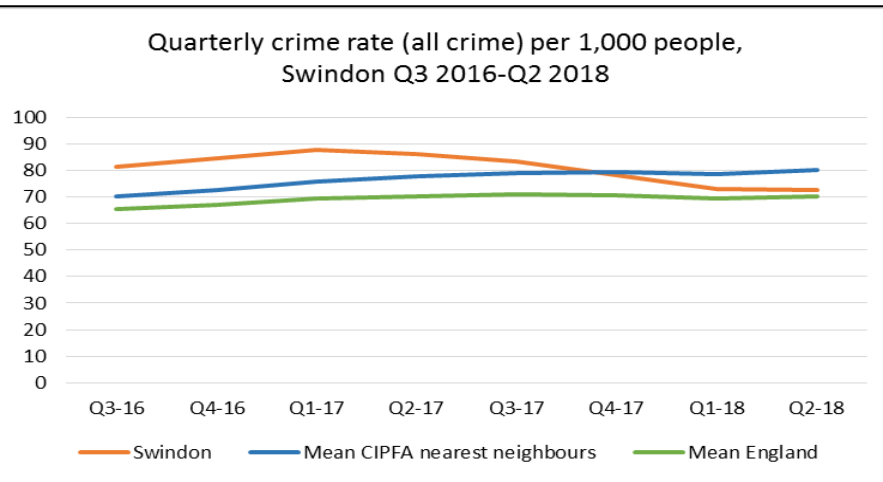
# 20. Community Safety

County Lines is the police term for urban gangs supplying drugs to suburban areas and market and coastal towns using dedicated mobile phone lines or “dealer lines”.

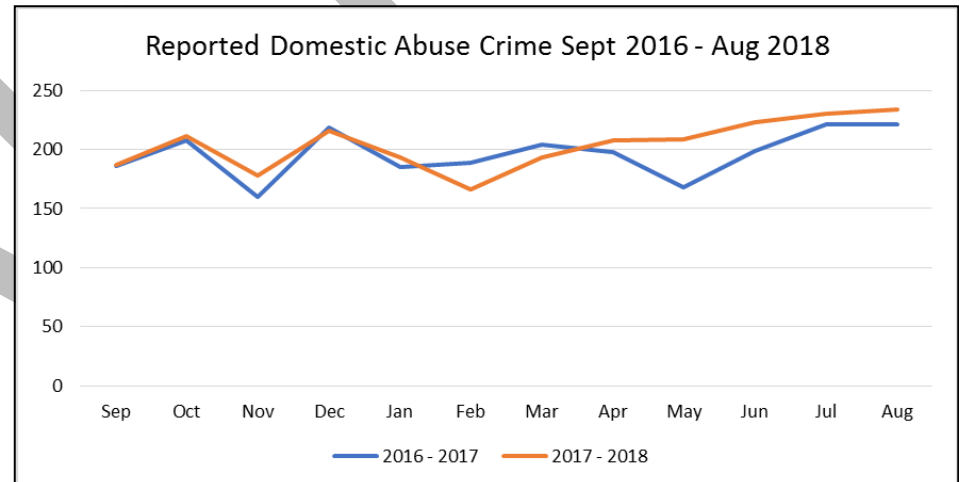
## Key fact

Since 2017, Swindon continues to see a significant number of children being exploited by County Line networks supplying crack and heroin.

## Key indicator



## Key indicator



## Key information

- The average quarterly “All Crime” crime rate decreased by nearly 10% for the year July 2017-June 2018, compared to the previous year.
- Over the two year period between Aug 2016-July 2018, 39% of all violent knife crime offenders were under 18 (162 total), and two thirds were under 25 (260 total).
- There were 12,711 offences linked to a suspect or offender aged 13–24 years; this is a decrease of 3.7% on the previous year.
- Between September 2017 and August 2018, 2,448 domestic abuse crimes were reported to the Police, an increase of 3.8% over the previous year.

## Key issues

- Crime rates in Swindon have been decreasing since 2017, and are now lower than the average for our statistical neighbours. However, the “All Crime” crime rate remains higher than the national average.
- The Police and Council have identified a need to address the criminal exploitation of children by County Lines networks. As a result, the remit of the multi-agency team that deals with child sexual exploitation (the OPAL team) has been extended to include this issue.
- Police data doesn’t accurately represent the prevalence of domestic abuse – typically only 25% of incidents are reported to the Police.
- There is a need for greater integration of BME communities and improved engagement between these communities and the Council and Police.

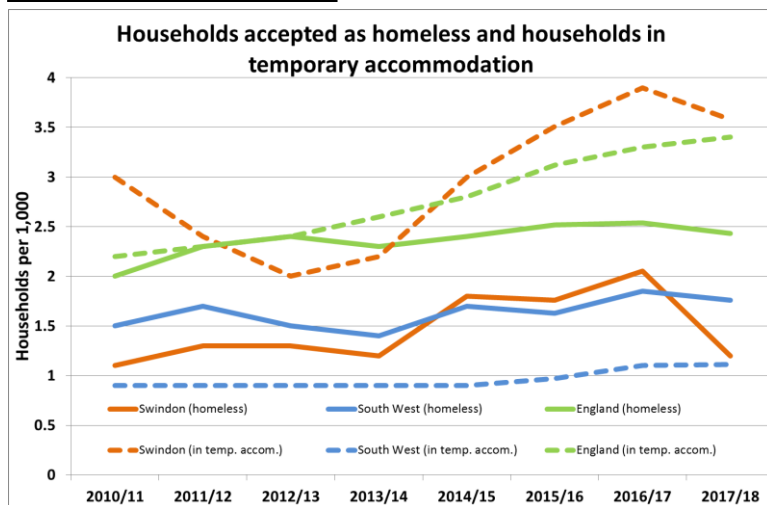
Further information: <http://swindonjsna.co.uk/dna/Community-Safety>

# 21. Housing, transport and the environment

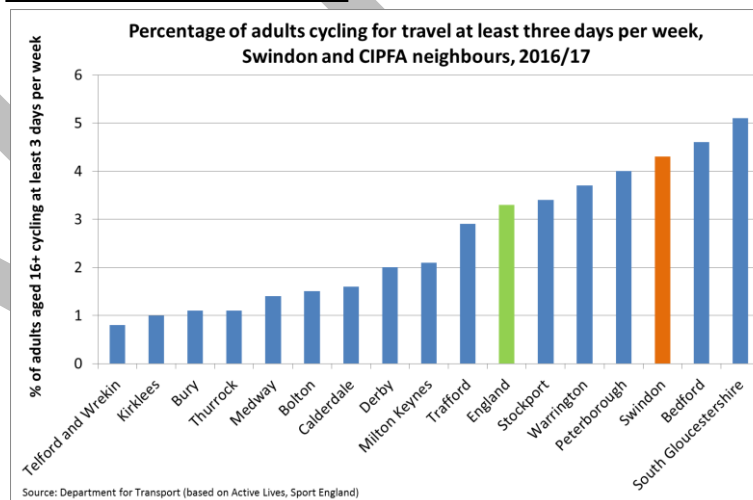
## Key fact

The 2017/18 Temporary Winter Housing Project housed up to 12 people as part of the response to an increase in rough sleeping from 6 in 2014/15 to around 25 in 2017.

## Key indicator



## Key indicator



## Key information

- In Swindon, in October 2018, there were 2,226 households deemed to be in housing need on the waiting list for Council or Housing Association properties, 334 of whom are considered in urgent need of housing. 340 additional homes are needed every year to meet the increasing housing need in the Borough.
- In 2017/18, 113 households were accepted as homeless and on 31/03/2018 there were 338 households in temporary accommodation.
- Overall air quality in Swindon is relatively good, however an Air Quality Management Area was declared in Kingshill Rd in 2018 where the chief concern is Oxides of Nitrogen (NOx). Along with the rest of England, particulate air pollution is responsible for about 5% of deaths in Swindon.

## Key issues

- Development of physical, green and social and community infrastructure to support increases in population, employment and housing.
- Preventing people sleeping rough in the first place by working in partnership. Ensuring when people do end up on the streets, there is a rapid, joined-up response. Providing access to a range of appropriate services and affordable housing options, if required, to enable successful transitions from rough sleeping into independent living.
- Reduce unnecessary short trips by car (which are the most polluting) and encourage active travel, alternatives to vehicle use and sustainable travel.
- Ensure vehicles travelling through or in Swindon are as clean as possible.

Further information: <http://swindonjsna.co.uk/dna/housing-transport-environment>

## 22. Education, skills and the economy

### Key fact

In Swindon, in 2018, 39.4% of pupils attained a grade 5 strong pass in GCSE English and mathematics (up 3% from 2017) against a national average of 43.2%.

### Key indicator

Percentage of providers inspected by OFSTED found to be Good or Outstanding

Setting	Swindon	England
Early years	99%	95%
Primary	82%	87%
Secondary	50%	75%
Special	67%	92%

### Key indicator



### Key information

- The number of business enterprises in Swindon has grown 22% since 2014 compared to 12% in the South West and 19% nationally.
- The out of work, claimant count in Swindon (Nov 18) is 2.3% (3,280) which is the same as the Great Britain (GB) rate. Of these, 645 are aged between 18-24 years (4.1%) which higher than the GB rate of 3.2%.
- In Swindon, more children are meeting expected standards in reading (77%), writing (73%) and maths (78%) than ever before at Key Stage 1 and Swindon is above the national averages. In secondary school, Swindon has improved considerably on the attainment 8 and progress 8 measures especially in maths but still falls short of the national averages.
- In 2017, the average points score per A-level entry was 25.65 against a national average of 31.13 which ranked Swindon in the bottom 5% of local authorities.

### Key issues

- Driving business growth and promoting inward investment during economic instability related to Brexit.
- The availability of available commercial stock limits the ability for expansion and inward investment.
- Tackle low attainment by age 19 and subsequent lack of progress to higher education that negatively impacts the employability of young people in Swindon.
- Use the impetus provided by the Swindon Challenge Board to:
  - Ensure that every school in Swindon is rated “good” or better by Ofsted by 2020.
  - Encouraging more young people to access higher education, so that 40% of young people are in higher education by 2020.

Further information: <http://swindonjsna.co.uk/dna/education-skills-economy>

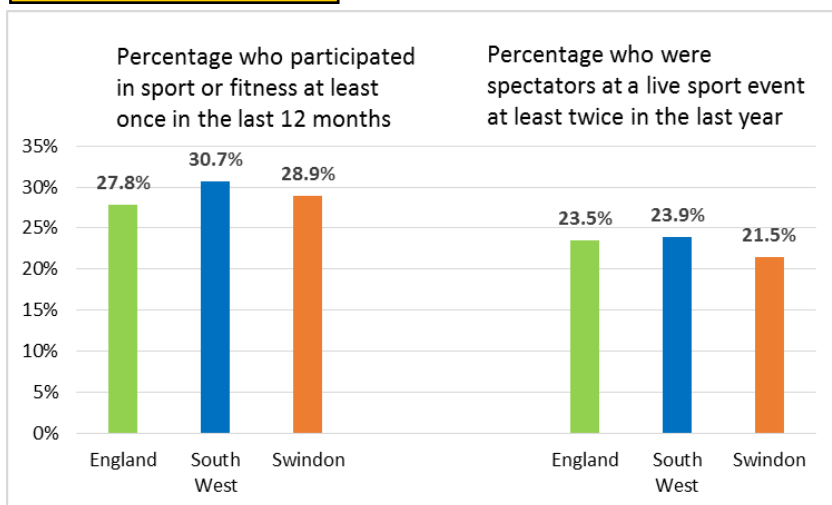


# 23. Leisure, arts and culture

## Key fact

Swindon schools are above the national average in their Artsmark engagement.

## Key indicator



## Key indicator

Swindon is home to four Arts Council National Portfolio Organisations

**create studios**

**tangle**  
international theatre for local people

**SWINDON DANCE**

**PRIME THEATRE**

## Key information

- Artsmark, Swindon's Cultural Education Partnership, supported 145,000 young people, 6,000 workshops, 1000 performances and exhibition days, reaching audiences of over 70,000.
- There are now around 30 fewer pubs in Swindon than in 2001 and around 250 less jobs in pubs and bars. Swindon has less pubs per person than the national average.
- Swindon has 9 parks, over 100 play parks, 21 swimming pools, 8 golf courses, over 250 sports clubs, professional football, ice hockey, basketball, and speedway clubs.
- In Swindon, 1.7% of jobs are in the arts, entertainment and recreation industry (2,000 jobs), which is a smaller percentage than Great Britain (2.6%).

## Key issues

- Through the Active Swindon Partnership, improve health and wellbeing for all by increasing and widening participation in sports, leisure and cultural activities.
- Secure a viable and sustainable future for our key heritage assets.
- Support the creation of a new regional leisure destination at North Star and the development of the County Ground and Moredon Recreation Ground.
- Improve the number, size and quality of the arts, leisure and cultural facilities in Swindon and find new ways of accurately measuring participation and satisfaction in arts and cultural activities.
- Better publicise Swindon's community based arts and cultural offer.
- Work with the Arts Council to develop Swindon as a black and minority ethnic talent hotspot.

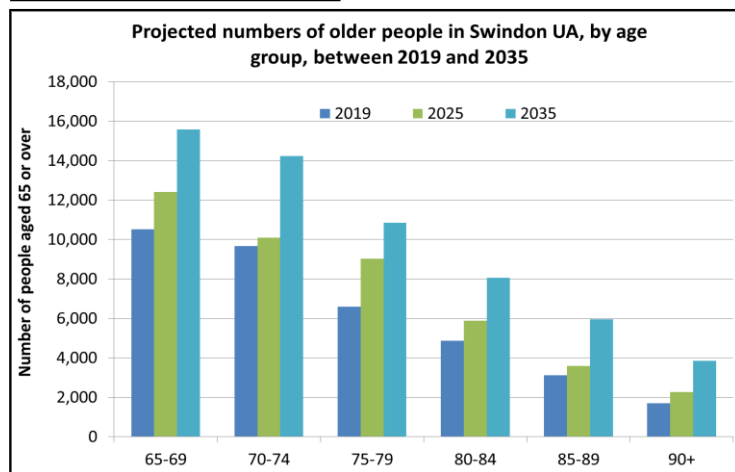
Further information: <http://swindonjsna.co.uk/dna/leisure-arts-culture>

# 24. Ageing Well

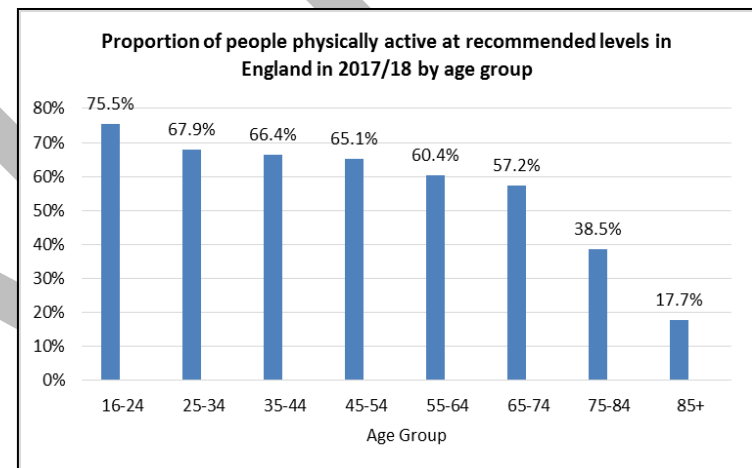
## Key fact

Participation in physical and non-physical leisure activities can increase psychological well-being; however, people aged 75 and over have the lowest levels of engagement in these activities of any age group.

## Key indicator



## Key indicator



## Key information

- There were about 34,000 people in 2017 over the age of 65 living in Swindon (15.6% of the total population). By 2035, this number is projected to grow by over 70% to about 58,500 (22% of the population).
- The numbers of older people likely to live alone are projected to increase significantly between 2017 and 2035 (a 50% increase is forecast for those aged 65 to 74 and an 84% increase for those aged 75 and over).
- As people get older they are less likely to be physically active: 50% of those aged 75+ are classed as inactive (<30 minutes of activity per week).
- In Swindon, older people's views of what constitutes 'ageing well' centre around having a positive mind-set regarding ageing and maintaining mental wellbeing and social connections.

## Key issues

- Inequality affects older people significantly. On average, 15.3% of people over 60 in Swindon experience income deprivation – this rises to nearly half of older people in the Manchester Road area of Central ward.
- In the future, planning for more intergenerational living would have benefits for reducing social isolation at all ages.
- There is likely to be a significant increase in the number of older people providing unpaid care. Carers need support to care effectively and to maintain their health and wellbeing, and are also entitled to a formal assessment of their needs under the 2014 Care Act.
- Promoting physical activity, strength and balance and good social networks will allow people to be more resilient and live independently for longer.

Further information: <http://swindonjsna.co.uk/dna/ageing-well>

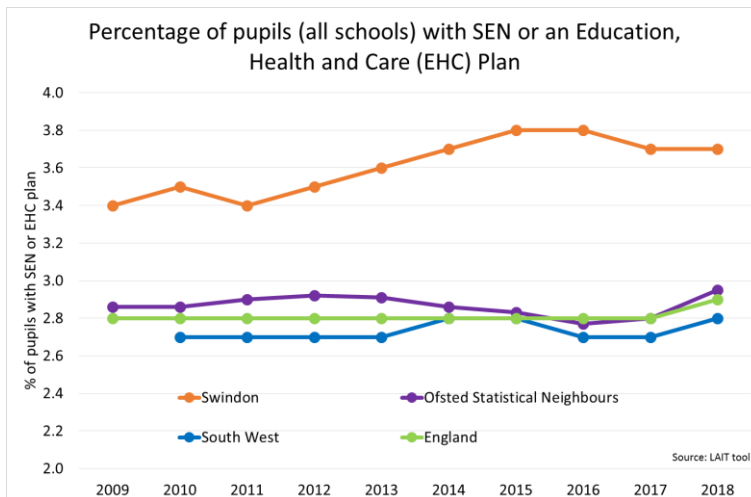


# 25. Children and young people

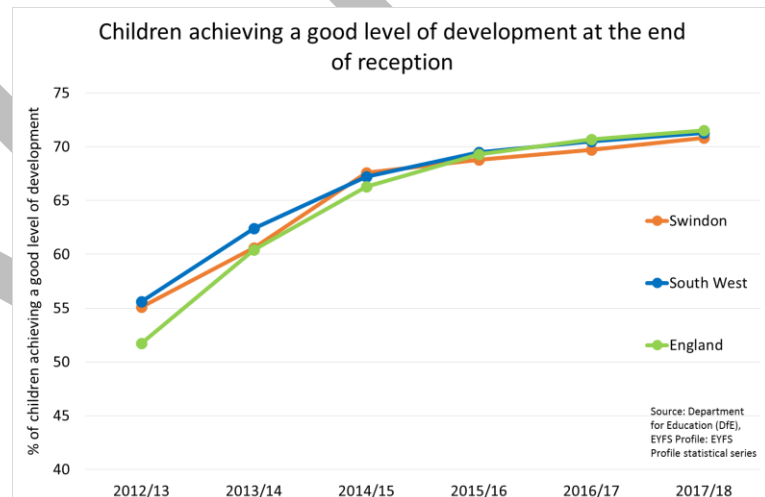
## Key fact

Nationally, 32% of children and young people with a parent receiving disability benefits and 19% receiving low income benefits had experienced mental illness.

## Key indicator



## Key indicator



## Key information

- Swindon's infant (aged under 1) mortality rate (3.4 per 1,000 in 2015-17) is lower than England's, however, the child (ages 1-17) mortality rate (14.9 per 100,000 in 2014-16) is slightly higher.
- In 2014/15-2016/17, in Swindon, there were 40 admissions to hospital due to alcohol specific conditions (in under 18s) and 100 for substance misuse (in 15-24 year olds). These figures are falling for alcohol and equate to a similar rate to England but the substance misuse rate remains higher than England's.
- In Swindon, 17% of 5-year olds have dental decay (significantly lower than England). These children have an average of 2.9 decayed, missing or filled teeth.
- Over the period 2015 to 2017, 13 children (under 15) from Swindon were killed or seriously injured on the roads. This is down from 17 in 2012-14.

## Key issues

- Ensure full and effective delivery of 'The Healthy Child' programme to give children the best start in life and continue to reduce health inequalities.
- Improve the transition from young people's to adult services, particularly for mental health services.
- Increase the number of foster carers in Swindon so that every 'looked after child' who should be, is placed in their home borough.
- Pro-actively engage with families to prevent problems occurring, and where they do, to reduce the impact and stop them from escalating.
- Early identification of children with autistic spectrum disorder, communication needs or social, emotional and mental health difficulties alongside better support and provision to meet their needs and improve outcomes.

Further information: <http://swindonjsna.co.uk/dna/children-and-young-people>

# 26. Equalities

## Key fact

In 2017/18 nationally, 38% of mixed race adults and 33% of white adults suffered anti-social behaviour.

## Key indicator

### Protected Characteristics



Age



Sex



Disability



Ethnicity



Gender Reassignment



Religion / Belief



Sexual Orientation



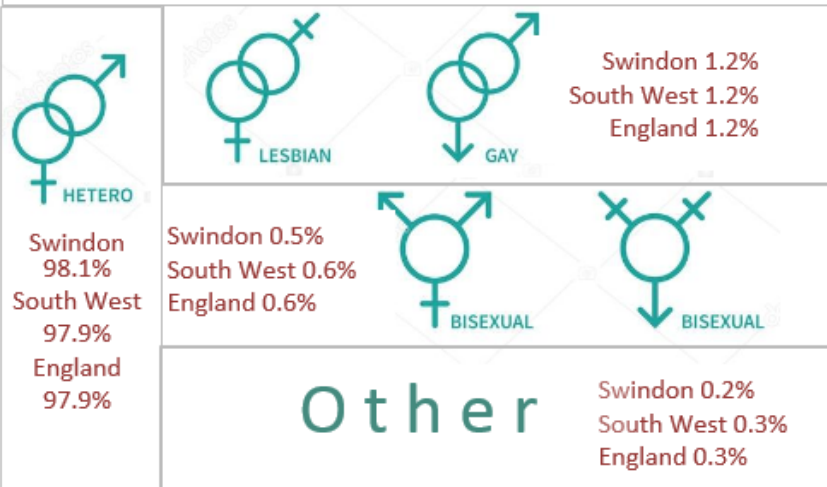
Marriage / Civil Partnership



Pregnancy / Maternity

## Key indicator

### Sexual Identity Estimates, 2013-2015 (ONS)



## Key information

- Census figures show the number of Black and Minority Ethnic (BME) (i.e. non-White British) people in Swindon nearly doubled from 8.5% (15,344 people) in 2001 to 15.4% (32,128 people) in 2011. Unofficial estimates suggest a slower rise in recent years, by about 7% from 2011 to 2015.
- In the 2011 Census, 120,287 people (57.5%) reported being Christian, while the next most common categories were Muslim (3,538 people, 1.7%) and Hindu (2,597, 1.2%). 31% reported having no religion.
- 1.7% of people aged 16 to 24 in the UK, but only 0.4% of 65+ people identify as Lesbian/Gay. Local sources suggest both groups under-report in surveys, older people probably the more so.
- The percentage of transgender people nationally is thought to be between 0.5% and 1%.

## Key issues

- The population of Swindon is becoming more ethnically diverse and may require services more sensitive to the needs of different groups.
- The structure and characteristics of the population vary greatly by electoral ward, which emphasises the need for planning targeted to local needs.
- Bias/hostility experienced by disabled people, Gypsies, Roma and Travellers, transgender people and immigrants.
- People with serious mental illness, people with a learning disability and homeless people die at a younger age than the general population.
- Lack of data on prevalence of some people with protected characteristics, such as transgender people and disabled people.
- Challenging stereotypes and assumptions and working with people as individuals.

Further information: <http://swindonjsna.co.uk/dna/equalities>

## **Appendix A: Priorities**

### **Swindon Borough Council**

The Vision for Swindon 2030 sets out how the Council will shape the Borough, and deliver growth that allows communities to prosper, families to live healthy and happy lives, and children to fulfil their potential.

The Council Vision is:

“By 2030, Swindon will have all of the positive characteristics of a British city with one of the UK’s most successful economies; a low-carbon environment with compelling cultural, retail and leisure opportunities and excellent infrastructure. It will be a model of well managed housing growth that supports and improves new and existing communities. Swindon will be physically transformed with existing heritage and landmarks complemented by new ones that people who live, work and visit here would recognise and admire. It will remain, at heart, a place of fairness and opportunity where people can aspire to and achieve prosperity, supported by strong civic and community leadership.”

and is underpinned by four priorities:

- Improve infrastructure and housing to support a growing, low-carbon economy.
- Offer education opportunities that lead to the right skills and right jobs in the right places.
- Ensure clean and safe streets and improve our public spaces and local culture.
- Help people to help themselves while always protecting our most vulnerable children and adults.

### **NHS Swindon CCG**

NHS Swindon CCG’s mission is to optimise the health for the quarter of a million people registered with the 25 GP practices in Swindon and Shrivenham. The CCG’s objectives<sup>1</sup> are:

- To increase the life expectancy of people living in Swindon and Shrivenham
- To increase self-reliance and support self-care
- To increase the support offered to those with long term conditions
- To reduce emergency admissions and make the shift from unplanned to planned care
- To promote the use of new technology
- To improve the efficiency and productivity of local health services
- To improve patients' experience of local health services
- To work with NHS England to improve the quality of primary care
- To reduce inequalities in health and healthcare for people in Swindon and Shrivenham

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<sup>1</sup> <http://www.swindonccg.nhs.uk/index.php/about-us>

The CCG vision is to ensure everyone in Swindon and Shrivenham lives a healthy, safe, fulfilling and independent life and is supported by thriving and connected communities.

### **Bath and NE Somerset, Swindon and Wiltshire Sustainability and Transformation Partnership<sup>2</sup>**

The emergent priorities for the next five years have been agreed as:

- To provide improved person-centred care by strengthening and integrating the specialist services that support primary care.
- To shift the focus of care from treatment to prevention and proactive care.
- To redefine the ways we work together as organisations to deliver improved individual/patient care.
- To ensure we offer staff an attractive career and build a flexible, sustainable workforce.
- To strengthen collaboration across organisations to directly benefit acute and urgent care services.

### **Public Health England**

Alongside the current Public Health England (PHE) business plan<sup>3</sup>, the PHE remit letter<sup>4</sup> sets out its current priorities:

- Global Health (health security, emerging threats)
- Tackling the growth in antimicrobial resistance
- Genomics
- Pollution (air quality, water, land)
- Ensuring every child has the best start in life
- Tackling obesity particularly among children
- Reducing health inequalities
- Reducing harmful drinking and alcohol-related hospital admissions
- Promote good mental health, prevent mental health problems and improve the lives of people living with and recovering from mental illness
- Reducing smoking and stopping children starting
- Sexual and reproductive health
- Improving work and health outcomes.
- Prevention (focussing on high-risk cardiovascular conditions, obesity and cancer)
- Screening and immunisation
- Support NHS work on population health and new models of care

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<sup>2</sup> B&NES, Swindon and Wiltshire: Sustainability and Transformation Partnership.

<http://www.bswstp.nhs.uk/>

<sup>3</sup> Public Health England Business Plan: 2018 to 2019.

<https://www.gov.uk/government/publications/phe-business-plan-2018-to-2019>

<sup>4</sup> Public Health England Remit Letter: 2018 to 2019: <https://www.gov.uk/government/publications/phe-remit-letter-2018-to-2019>

## **NHS Long Term Plan**

The NHS Long Term Plan<sup>5</sup> published in January 2019 sets out how the NHS will change over the next decade as medicine advances, health needs change and society develops, to ensure it is fit for the future. The main themes in it are:

- The NHS will move to a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting.
- The NHS will strengthen its contribution to prevention and health inequalities.
- The NHS will provide a strong start in life for children and young people.
- The NHS will provide better care for major health conditions.
- The NHS will tackle workforce pressures and support its staff.
- The NHS will upgrade technology and digitally enabled care across the NHS.

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<sup>5</sup> NHS Long Term Plan. <https://www.longtermplan.nhs.uk/>

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## Swindon Joint Strategic Needs Assessment (JSNA) and Population Health Management (PHM) Steering Group

*(The JSNA & PHM steering group is a formally constituted sub-group of the Swindon Health and Wellbeing Board responsible for assessing population health and wellbeing)*

### Terms of Reference

<b>Overall purpose</b>	<p>To lead and oversee the JSNA and PHM processes in Swindon on behalf of the Swindon Health and Wellbeing Board, ensuring that the JSNA produces high quality evidence to guide all strategy and commissioning processes that impact on population health and wellbeing.</p> <p>The JSNA provides a framework to examine all the factors that impact on the health and wellbeing of Swindon's population including economic, education, housing and environmental factors. This information enables the prioritising of resources and the commissioning and decommissioning of services that will improve outcomes for Swindon residents. The JSNA is the process by which the current and future health and wellbeing needs of Swindon's population are identified. However it is also recognised that priorities for consideration may originate through other routes.</p> <p>Population Health Management (PHM) is one of many tools for using data to guide the planning and delivery of care to achieve maximum impact on population health. It often includes segmentation and stratification techniques to identify groups of patients (and sometimes wider population groups) at risk of ill health and to focus on interventions which can prevent that ill health or equip them to manage it<sup>1</sup>. The JSNA and PHM steering group acts as the co-ordinating body for PHM in Swindon.</p> <p>The JSNA and PHM steering group is the body that leads the development of key research, information and intelligence that supports strategic decision making for Swindon Borough Council (SBC) and CCG.</p>
<b>Responsibilities</b>	<ul style="list-style-type: none"><li>• The preparation and delivery of the JSNA and its components</li><li>• To develop a comprehensive on going JSNA and PHM work programme to deepen understanding of population health, wellbeing and inequalities in Swindon.</li><li>• To allocate leads, resources and support to specific JSNA and PHM projects as required and to ensure that all JSNA and PHM work is undertaken on time and to a high standard</li><li>• To consider the attached selection criteria when reviewing a proposed JSNA project</li><li>• To facilitate the involvement of relevant groups and individuals in</li></ul>

<sup>1</sup> Noble DJ, Greenhalgh T, Casalino LP (2014). 'Improving population health one person at a time? Accountable care organisations: perceptions of population health—a qualitative interview study'. *BMJ Open*, vol 4, no 4, p e004665. Available at: <https://bmjopen.bmj.com/content/4/4/e004665> (accessed 15 November 2018).

	<p>the JSNA process, ensuring that local views are taken into account</p> <ul style="list-style-type: none"> <li>• To identify health and wellbeing priorities from JSNA and PHM work and ensure that these are communicated to (and understood by) the Health and Wellbeing Board and other relevant groups to guide their strategic and commissioning work</li> <li>• To ensure that the outcomes of JSNA and PHM work are more widely communicated through a variety of media including the Swindon JSNA website, meetings and other means</li> <li>• To ensure that all legislation and guidance relating to JSNA is complied with.</li> <li>• To evaluate on a regular basis the effectiveness and progress of the JSNA and PHM process</li> </ul>
<b>Accountability to</b>	<p>The Health and Social Care Act 2012 gives Health and Wellbeing Boards specific statutory functions including the preparation of the JSNA.</p> <p>The Swindon Health and Wellbeing Board, at its May 2013 meeting, authorised the Swindon Joint Strategic Needs Assessment Steering Group to</p> <ul style="list-style-type: none"> <li>• lead the on-going JSNA process</li> <li>• provide an update to the Health and Wellbeing Board (standard HWB agenda item)</li> </ul>
<b>Membership</b>	<p>Director of Public Health, Swindon Borough Council (SBC) and CCG  Corporate Director, Adult Social Services, SBC  Corporate Director, Children's Services, SBC  Head of Policy, Performance and Research, SBC  NHS Swindon Clinical Commissioning Group (NHS Swindon CCG)  Healthwatch Swindon representative  Senior Public Health Intelligence Analyst, SBC  Consultant in Public Health, SBC</p>
<b>Chair</b>	<p>Director of Public Health, SBC  Deputy Chair – Senior Public Health Intelligence Analyst, SBC</p>
<b>Co-optees/ in attendance</b>	To be decided by the Steering Group as required.
<b>Frequency</b>	Quarterly
<b>Quorum</b>	A minimum of one CCG rep, one SBC rep and ideally Healthwatch
<b>Review of ToR</b>	<p>Every 24 months.  Next review April 2021</p>

April 2019



# Swindon's Strategy on a page for Children and Young People

Health and Wellbeing Board

Date: 13 March 2019

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Author: Phillipa Lamb, Strategy and Development Manager (SBC)

Wards: All

Parishes Affected: All

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## 1. Purpose and Reasons

- 1.1 To present to Health and Wellbeing Board the draft over-arching Swindon wide Strategy for Children and Young people 2019-2022 on a page (see appendix 1). This strategy provides a framework for collaborative working across the system to ensure every child and young person has the opportunity to be happy and active members of the community.
- 1.2 The draft strategy on a page sets out our approach for working together at a strategic level to improve outcomes for children, young people and their families. We are committed to further develop joint working to increase integration of services where it makes sense to do so, and to strengthen joint accountability for improving outcomes for local children and young people. We recognise that both strategic and operational collaboration is key to our collective success.
- 1.3 The draft strategy on a page is informed by the JSNA and the range of partnership and single agency strategy and plans from SBC, CCG and the Police.

## 2. Recommendations

The Board is recommended to:

- 2.1 To discuss and approve Swindon's Strategy on a page for Children and Young People and support the ongoing commitment to improve outcomes for children and young people living in Swindon.
- 2.2 Recommend Cabinet and CCG adopt Swindon's Strategy on a page for Children and Young People following feedback from the H&W Board.
- 2.3 Receive annual updates via the Children's Partnership Board on implementation and impact of Swindon's Strategy on a page for Children and Young People 2019-2022.

## 3. Detail

- 3.1 The strategy on a page provides an over-arching framework for partners to work collaboratively to support children and young people to be happy and active members of the community. It has been informed by a range of partnership and single agency documents. The strategy on a page identifies three key outcomes, shared priorities to deliver the outcomes, and a set of statutory and local measures to track progress and impact.

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Further information on the subject of this report can be obtained from Phillipa Lamb, 07818510484, [plamb@swindon.gov.uk](mailto:plamb@swindon.gov.uk)

# Swindon's Strategy on a page for Children and Young People

Health and Wellbeing Board

Date: 13 March 2019

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## 4. Alternative Options

- 4.1 There are no suggested alternative options. Swindon's draft Strategy on a page for Children and Young People 2019-2022 is key to improving outcomes for children and young people living in Swindon

## 5. Implications, Diversity Impact Assessment and Risk Management

### Financial and Procurement Implications

- 5.1 The Council and CCG provides resources to fund children and young people's services. No further financial resources are being sought at this time.

### Legal and Human Rights Implications

- 5.2 Legal and Human Rights considerations have been taken fully into account in compiling this report. It is considered that the recommendations of this report are compatible with Convention Rights

### All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.3 None have been identified at this stage

### Diversity Impact Assessment

- 5.4 Swindon's Strategy on a page for Children and Young People 2019-2022 will positively impact on vulnerable children and young people living in Swindon's community.

### Risk Management

- 5.5 No specific risks have been identified at this stage for this report

## 6. Consultees

- 6.1 Cabinet Member for Children's Services and School Attainment, Corporate Director of Children's Services (DCS), Director of Social Work, Corporate Director of Adult Services, Head of Looked After Children and Care Leavers, Service Manager for Early Help, Head of Education, Service Manager Restorative Youth Services, Head of Transitions, Head of Finance (Children's), Director of Public Health, Director of Nursing and Transformation CCG, Children's Services Commissioning Lead CCG, Assistant Chief Constable.

# **Swindon's Strategy on a page for Children and Young People**

**Health and Wellbeing Board**

**Date: 13 March 2019**

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## **7. Background Papers**

- 7.1 Swindon's Joint Strategic Needs Assessment (JSNA) and Swindon's Health and Wellbeing Strategy.

## **8. Appendices**

- 8.1 Appendix – Swindon's Strategy on a page for Children and Young People 2019-2022.

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Our vision

'Our aspiration is for every child and young person in Swindon to be safe from harm and abuse, be enabled to reach their full potential and develop skills for life, enjoy healthy lifestyles, and be happy and active members of the community'

How we will work?

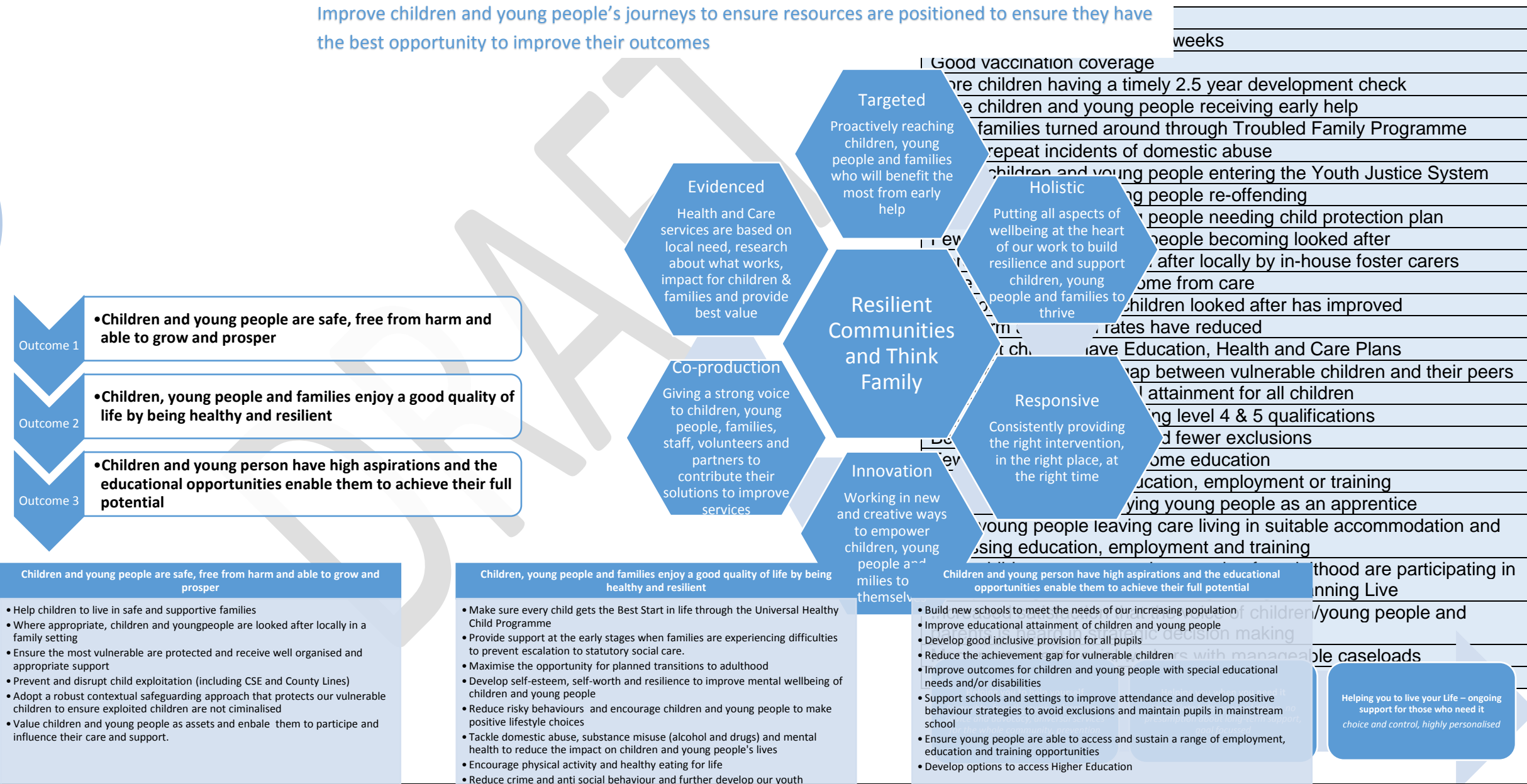
How we will do this

How we will know it is working



What we will do

Page 69



**Key Supporting Local Strategies and Plans include:** Swindon's JSNA; The Council Plan 2016-2020; Health and Wellbeing Strategy 2017-2022; Early Help Strategy 2017-2022; LAC and Care Leavers Strategy 2018-2020; Sufficiency Strategy; Child Exploitation and Missing Strategy; Workforce Strategy, 2018-2020; Community Safety Partnership Plan; Pillar Plan; SEND Improvement Plan; Swindon Challenge Plan; Healthy Weight Strategy; Get Swindon Active Strategy; The Swindon Tobacco Control Strategy; Substance Misuse Strategy; SEND JSNA; Mental Health Promotion Strategy; Mental Health Transformation Plan; Domestic Abuse Strategy; Wiltshire & Swindon Police and Crime Plan; Homelessness Strategy; Partnership Swindon's Economic Strategy; Swindon's Skills and Employment Board Strategy 2017-2020; NEET Strategy; Supported Employment Strategy 2018-2022; Better Outcomes SEND Strategy; SEND Capital Investment Strategy; Education Exclusions and Re-integration Strategy; School Improvement Strategy & Schools Causing Concern Strategic Policy; Placement Planning Strategy; Library Strategy; Higher Education Strategy; Apprenticeship Growth Strategy.

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## Local Area SEND Inspection

Health & Well Being Board

Date: 13<sup>th</sup> March 2019

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Author: Head of Education

Wards: All

Parishes Affected: All

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### 1. Purpose and Reasons

- 1.1 The report informs the Health & Well Being of the outcomes of the Local Area Inspection of SEND (special education needs and disabilities). This took place between 19<sup>th</sup> & 23<sup>rd</sup> November 2018. Ofsted and the Care Quality Commission (CQC), conducted a joint inspection of the local area of Swindon to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. The inspection focused on how well the local area identifies and assesses needs of children and young people, how well the local area meets and provides for needs and how well the local area improves outcomes.
- 1.2 The inspection was led by one of Her Majesty's Inspectors from Ofsted, with a team of inspectors including an Ofsted Inspector and a children's services inspector from the Care Quality Commission (CQC). This is because the inspection covers education, social care and health across the area of Swindon. All local authority areas receive these inspections which are planned over a five year period.
- 1.3 As a result of the findings of this inspection and in accordance with the Children Act 2004 (Joint Area Reviews) Regulations 2015, Her Majesty's Chief Inspector (HMCI) has determined that a Written Statement of Action (WSOA) is required because of significant areas of weakness in the local area's practice. HMCI has also determined that the local authority and the area's clinical commissioning group(s) are jointly responsible for submitting the written statement to Ofsted.
- 1.4 The local authority and CCG has 70 days after the publication of the report to respond to the key areas of weakness identified in the plan. This means that the WSOA will be submitted by April 14<sup>th</sup> 2019.

### 2. Recommendations

The board is recommended to:

- 2.1 Note the outcome of the Local Area Inspection of SEND.
- 

Further information on the subject of this report can be obtained from Peter Nathan, 01793 463067, pnathan@swindon.gov.uk.



# Local Area SEND Inspection

Health & Well Being Board

Date: 13<sup>th</sup> March 2019

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- 2.2 Require that the written statement of action once completed is monitored on a quarterly basis by the Health & Well Being Board

## 3. Detail

Local Area Inspections of SEND were introduced in 2016 to monitor how the 2014 reforms of special educational needs were being implemented in local authority areas across the country. Local areas do not pass or fail inspections as such and do not receive a grading as there are no specific criteria. However, if in the judgement of inspectors, progress in implementing the reforms has been too slow or there are issues raising concern, the local area will be required to submit a WSOA (written statement of action) to Ofsted. This will need to address the key issues identified during the inspection. Across the country, over 44% of local authorities have received WSOA including neighbouring local authorities such as Oxfordshire, Dorset and South Gloucestershire. The inspection findings did note that the local area self-evaluation had correctly identified the strengths and areas for development that the local area needed to address. The key weaknesses identified which the statement of action will focus on were as identified below.

- 3.1 Co-production (that is working jointly with parents/carers and children and young people) with education, health and care is weak and is not shared and owned by children, young people, their families and professionals to ensure that children and young people's outcomes and lives are improved.
- 3.2 Strategic leaders, including members of the cabinet, do not hold leaders to account sufficiently to improve the outcomes for children and young people with SEND and to ensure that they are safe.
- 3.3 In the local area, there is no designated medical officer and clinical medical officer (which poses a risk that the health needs of children & young with SEND are not being met)
- 3.4 The quality of EHC plans is too variable. Too often, there is limited, or no contribution included from health and care professionals.
- 3.5 There are significant and continued concerns raised by parents and young people talked to during the inspection at the delays in assessments, lack of communication and quality of provision.
- 3.6 There are too long waiting times to meet the needs of children and young people effectively: especially ASD, ADHD and mental health services.
- 3.7 Persistent absence and fixed-term exclusions are too high, especially in mainstream secondary schools.

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Further information on the subject of this report can be obtained from Peter Nathan, 01793 463067, pnathan@swindon.gov.uk.

# Local Area SEND Inspection

Health & Well Being Board

Date: 13<sup>th</sup> March 2019

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- 3.8 The local offer is not up to date and does not effectively sign post parents to high-quality provision
4. The inspection report is broken down in to a number of key sections relating to the major areas of inspection. Within this, a wide range of strengths are identified as well as areas for development.
- 4.1 The strengths identified in the report included some of the provisions in the borough and the work of a range of front line practitioners including SENCOs in schools. Outcomes in the early years and in key stage one are acknowledged as being a strength. The Healthy Child Programme is being implemented well and investment in therapy services is having an impact. Public health nurses have established robust pathways to therapeutic services meaning that children and young people get timely support for example for speech and language services. The newly formed Swindon Families Voice provides valued information and support. There is effective provision for children with physical and sensory difficulties. The Challenging Behaviour courses run for parents have been successful and has reduced the number of referrals for ASD and ADHD assessments. Also the number of young people with SEND in paid employment in the borough is above the national average.
- 4.2 The issues identified as weaknesses are being addressed with a number of actions taking place since the time of the inspection or indeed before. For example, a new Local Offer officer has been in post since November (the post was vacant for over a year due to difficulties in recruitment) and he is working with stakeholders to improve the current website before the site is moved over to a more interactive and more easily accessible platform. An audit has been taking place of EHCP plans to ensure accuracy of information in the plans and to review how the quality of the plans can be improved. A quality assurance framework has been introduced and approved by the SEND board to build on the guidance in the SEND code of practice. A secondary headteacher working group has been set up to review exclusions and absence with specific reference to SEND and schools will be working with the DfE's Behaviour Tsar to address issues relating to behaviour and exclusions.
- 4.3 Each of the eight areas identified by Ofsted as key weaknesses to be improved, has a nominated and accountable officer who is responsible for formulating their section of the WSOA. They will be responsible for ensuring that the agreed actions take place and have the required impact. The DfE will carry out quarterly monitoring and support visits with the initial meeting taking place on 1<sup>st</sup> March. The SEND Board consisting of all stakeholders is now meeting monthly to overview progress with a range of SEND related issues as well as the WSOA. Ofsted will return 18 months after their initial visit (June 2020) to review the progress that the local area has made.
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Further information on the subject of this report can be obtained from Peter Nathan, 01793 463067, pnathan@swindon.gov.uk.

# Local Area SEND Inspection

Health & Well Being Board

Date: 13<sup>th</sup> March 2019

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## 5. Alternative Options

- 5.1 This report is an update on a recent inspection of the local area so no alternative options are provided.

## 6. Implications, Diversity Impact Assessment and Risk Management

### Financial and Procurement Implications

- 6.1 There are no current financial implications although additional resource may be needed to support the implementation of the Statement of Action..

### Legal and Human Rights Implications

- 6.2 There are no legal or human rights implications to the report.

### Diversity Impact Assessment

- 6.3 A Diversity Impact Assessment (DIA) has not been completed as this is report on inspection outcomes and actions to be taken.

### Risk Management

- 6.4 There is risk that the Statement of Action could be returned by Ofsted as being unsuitable. To mitigate this risk, draft plans will be shared with DfE advisors and consultants and partners to ensure that it is fit for purpose before submission.

## 7. Consultees

- 7.1 The Director of Finance (Section 151 Officer) and Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

## 8. Background Papers

- 8.1 None.

## 9. Appendices

- 9.1 None.

Autism Self-Assessment Framework 2018

**Health and Wellbeing Board**

**Date: 13 March 2019**

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Author: Head of Transitions, Swindon Borough Council  
Urgent Care Commissioning Manager, Swindon NHS Clinical  
Commissioning Group

Wards: All

Parishes Affected: All

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**1. Purpose and Reasons**

- 1.1 The request to complete the 2018 national self-assessment framework (SAF) for services supporting Autism in Swindon was received by Swindon Borough Council (SBC) at the end of September 2018 and following consultation, was completed, signed off and submitted via the online portal on December 12<sup>th</sup>, 2018 by SBC.

**2. Recommendations**

The Board is recommended to:

- 2.1 Discuss and note the actions and next steps to progress the improvement plan as set out in the appendix to the report

**3. Detail**

- 3.1 Completion of the self-assessment questionnaire was led by Kay Reeve for SBC and Sharon Gerry for Swindon Clinical Commissioning Group (CCG) in consultation with partners including Children's services, Swindon Autism Diagnostic team (integrated Learning Disability Community Health Service Avon & Wiltshire Partnership (AWP), Education and the Voluntary Sector.
- 3.2 The draft self-assessment was shared with members of the Autism Partnership Board (ASDPB) in November 2018 and comments and feedback included in the final version, which was signed off for submission by Sue Wald for SBC and Nicky Millen for the CCG.
- 3.3 Following submission, an improvement plan was been drafted and shared with the Autism partnership board for comment and agreement on February 19<sup>th</sup>, 2019 – see Appendix 1.

**4. Alternative Options**

- 4.1 No alternative option is proposed at this stage.

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Further information on the subject of this report can be obtained from Kay Reeve, Direct Dial : 07342 024140, kreeve2@swindon.gov.uk.

**5. Implications, Diversity Impact Assessment and Risk Management**

Financial and Procurement Implications

- 5.1 There are no financial implications at this stage. Any financial implications will be addressed in future reports.

Legal and Human Rights Implications

- 5.2 Other legal and human rights implication shave been taken into account in preparing this report. It is considered that the recommendations are compatible with Convention Rights

All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

- 5.3 There are no direct implications arising from this report.

Diversity Impact Assessment

- 5.4 No DIA has been undertaken in respect of this report

Risk Management

- 5.5 No specific risks have been identified at this stage for this report

**6. Consultees**

- 6.1 The Director of Finance (Section 151 Officer) and the interim Director of Law (Monitoring Officer) are consulted in respect of all reports.

**7. Background Papers**

- 7.1 None

**8. Appendices**

- 8.1 Appendix 1. Autism Self-Assessment Framework 2018

### Autism Self-Assessment Framework 2018

Health and Wellbeing Board

Date: 13 March 2019



## Report for Health and Wellbeing Board

March 2019

### Autism Self-Assessment Framework 2018

The request to complete the 2018 national self-assessment framework (SAF) for services supporting Autism in Swindon was received by Swindon Borough Council (SBC) at the end of September 2018 and following consultation, was completed, signed off and submitted via the online portal on December 12<sup>th</sup>, 2018 by SBC.

#### Process

Completion of the self-assessment questionnaire was led by Kay Reeve for SBC and Sharon Gerry for Swindon Clinical Commissioning Group (CCG) in consultation with partners including Children's services, Swindon Autism Diagnostic team (integrated Learning Disability Community Health Service Avon & Wiltshire Partnership (AWP), Education and the Voluntary Sector.

The draft self-assessment was shared with members of the Autism Partnership Board (ASDPB) in November 2018 and comments and feedback included in the final version, which was signed off for submission by Sue Wald for SBC and Nicky Millen for the CCG.

Following submission, an improvement plan was been drafted and shared with the Autism partnership board for comment and agreement on February 19<sup>th</sup>, 2019 – see appendix 1

#### Key observations from ASD Partnership Board

1. The SAF improvement plan will need to feed into the refresh of the ASD Strategy. It should be noted that the work to refresh the ASD Strategy was paused at the end of 2018 to enable the refreshed strategy to incorporate findings as a result of completing the SAF and respond to NHS Ten-year plan.
2. ASDPB acknowledged that although AWP offer training, this needs to reach a wider workforce operating in the local community.

Further information on the subject of this report can be obtained from Kay Reeve, 07342024140, kreeve2@swindon.gov.uk

## Autism Self-Assessment Framework 2018

Health and Wellbeing Board

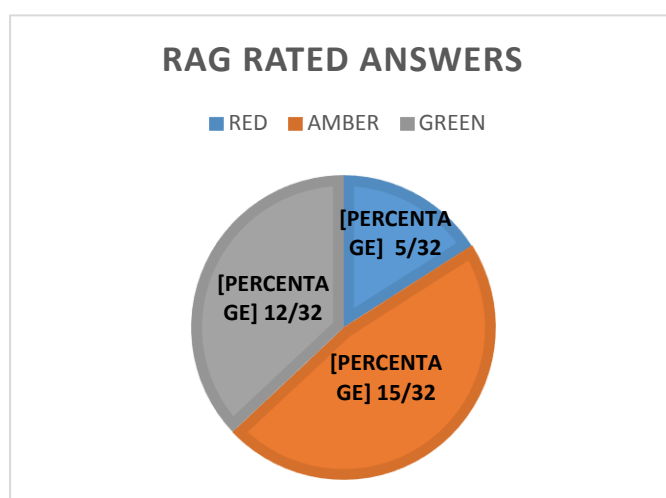
Date: 13 March 2019



3. It was noted that the SAF had highlighted that support for people diagnosed with Autism after diagnosis was limited if they did not have a Learning disability which needs to be addressed.
4. ASDPB confirmed that the SAF response was a fair reflection of current position in the Swindon area, and the improvement plan had captured the key issues for attention.

### Outcomes

#### Self-Assessment response summary



93% - 177 / 190 questions completed

7% - 13 / 190 unable to complete due to information being unobtainable because for example, there are separate data collection systems in use and lack of specific information sharing agreement to extract the information required at present.

64% - 31 / 48 Yes to "Yes /No" questions

36% - 17/48 No to "Yes/No" questions

### Strengths

- Local training offer- There is a suite of courses currently provided by AWP. These courses have been co-produced with people with Autism and an individual with Autism co-facilitates the training. AWP are looking to increase the number of people with Autism supporting training delivery.

Further information on the subject of this report can be obtained from Kay Reeve, 07342024140, kreeve2@ swindon.gov.uk



### Autism Self-Assessment Framework 2018

Health and Wellbeing Board

Date: 13 March 2019



- 
- ASDPB -Locally we have an established Autistic Spectrum Disorder (ASD) Partnership Board. The Self-assessment framework was completed with support from the ASDPB
  - The current ASD Strategy was developed in 2015. This will be refreshed, in partnership with the ASDPB, in 2019 and will include the outcomes of the Self-Assessment.
  - Community partners support an annual "Transition Preparing for Adulthood Roadshow" which offers advice, information and networking opportunities. This includes support for Autism.
  - The ASDPB is aware that the new 10-year NHS plan reflects the need to recognise Autism in its own right (apart from Learning Disability) and will therefore support the need to change the way in which services are commissioned and be included in the refreshed Strategy.
  - Waiting times for assessment are currently long for Adults in Swindon and trained assessors are hard to recruit nationally. Additional resources funded by CCG to reduce waiting list have therefore been used innovatively to make use of a technological solution where Adults will be offered an assessment using Skype over the internet with a practitioner elsewhere in the country as an alternative. This will increase the number of assessments available in the next year and therefore reduce waiting times.
  - Alert cards are given to individuals by AWP following diagnosis. The person can show the card to anyone to "Alert" them to be aware that the person has Autism so may need some adjustments to approach when communicating and working with them.
  - The Great Western Hospital have increased the awareness of Autism by creating a professionally produced training film to share with staff and others.

#### Weaknesses

- A key area for concern is that our current Data sharing agreements do not support sharing of information about the number of people diagnosed with ASD, across organisations.
- A diagnosis is not automatically shared with other agencies who could offer support, which risks people not accessing the best support available. Different

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Further information on the subject of this report can be obtained from Kay Reeve, 07342024140, kreeve2@ swindon.gov.uk

### Autism Self-Assessment Framework 2018

Health and Wellbeing Board

Date: 13 March 2019



processes to enable sharing of diagnosis (for example) between AWP and Social Care need to be considered as this could improve the overall support given to a person with Autism.

- Take up of Training on offer is limited.
- Access to therapies and other services post diagnosis for people with ASD (who do not also have a Learning Disability) needs to be developed as part of CCG contract with AWP

#### Areas for development

- **Training** – a comprehensive training plan is needed to cover awareness sessions for public facing members of staff across agencies in Swindon and to ensure that our community wide workforce has the relevant level of training.
- **Data** – data sharing protocols, including consent, that will lead to an improved awareness of the numbers and needs resulting from Autism for individuals diagnosed.
- **ASD only support** - increased access to therapies post-diagnosis for people with Autism (but NO learning disability) Swindon CCG to review contract.
- Further development of the **ASD Partnership Board** – for example, members of the ASDPB have suggested that forums are established (akin to model successfully adopted in the Learning Disability Partnership Board) as these could be used to engage people on key issues highlighted in Self-assessment.
- The **Swindon Autism Strategy** - needs to be refreshed

#### Next steps

1. Progress the Improvement Plan and ensure action owners are assigned and tasked with agreed implementation and reporting timeframes
2. Ensure that the Improvement Plan feeds into refreshment of ASD Strategy

#### Governance for monitoring action plan to ensure completion of the Improvement Plan

1. Improvement Plan to be monitored as part of standard ASD PB agenda.

Further information on the subject of this report can be obtained from Kay Reeve, 07342024140, kreeve2@swindon.gov.uk

### Autism Self-Assessment Framework 2018

Health and Wellbeing Board

Date: 13 March 2019



- 
2. It is recommended that a progress report (based on the Improvement Plan objectives) is presented to Health & Wellbeing Board September 2019.

**Kay Reeve SBC and Sharon Gerry Swindon CCG**

**01 March, 2019**

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## Swindon - Autism Self Assessment Framework 2018 Improvement Plan

Action No	SAF reference No	SAF Section title	Objective ( NB: Aims achieved already in the SAF have not been included in this action plan)	Action	By when	lead
1		Contact details	To replace the current Health and Social care strategic lead for Autism in Swindon	Recruit replacement	Apr-19	Gill May
2	10,11,12,13,	Planning	To have a Joint strategic Commissioner /senior manager in post as part of section 75 pooled budget arrangements, with responsibility for the commissioning of services for Autistic Adults and have specific time allocated to fulfil this role	To be raised for discussion with Senior leaders within CCG and SBC and included in the future the local strategy	Mar-20	Gill May
3	15-17	Planning	To have a local operational lead identified for Swindon caseload	Oriana Morrison Clarke (AWP Service Manager) currently has an AWP wide role to support operational leadership for LD Health including Autism /ASD the future named operational lead person needs to be agreed. Social workers hold ASD cases in the community teams and cases are allocated as appropriate.	Sep-19	Gill May
4	18-19	Planning	JSNA to be updated as current one is for 2015. Future versions need to include young people and children with Autism/ASD.	Referred to Cherry Jones-Public Health SBC	TBC	Cherry Jones
5	20, 21, 24	Planning	To be able to report on the number of people with a diagnosis of autism who are accessing both health and social care (across all known data collection systems ) supported by a standard data sharing agreement for implementation at the point of diagnosis.	Need to establish what current data sharing agreements are in place and refresh to enable appropriate data sharing that will support service delivery and information reporting. Need to confirm if the new "Wiltshire information charter" support this? Adjustment to practice and process to support data sharing will need to be implemented- a multi-agency data sharing group is needed.	Mar-20	Data Sharing group - lead TBC
6	20, 21, 24	Planning	To be able to report on the number of people with a diagnosis of autism who are accessing both health and social care (across all known data collection systems ) supported by a standard data sharing agreement for implementation at the point of diagnosis.	Future processes need to be adjusted to ensure that the Swindon AWP Autism service inform both Primary care and Local Authority (with patients permission) when a diagnosis is made to ensure that the person gets the correct support and reasonable adjustments made. AWP will need to keep a register of those diagnosed and log when they share the diagnosis with Primary care and Local Authority to ensure robust evidence is available in future.	Mar-20	Oriana Morrison Clarke

## Swindon - Autism Self Assessment Framework 2018 Improvement Plan

Action No	SAF reference No	SAF Section title	Objective ( NB: Aims achieved already in the SAF have not been included in this action plan)	Action	By when	lead
7	36, 37-41	Planning	Data collection and awareness of potential numbers of young people coming through to adulthood needs to be more robustly represented in the existing Joint panel and meeting structures to increase awareness of numbers and progression and support ongoing planning, including education.	Childrens services to confirm how and who is currently informed in adult services about those who have been diagnosed and communication pathway strengthened between children and adult meeting structures to support handover of information. Autism diagnostic team to be asked to maintain a register for those diagnosed and log that this has been shared ( where consent has been gained ) with both Primary care and local authority see action 6	Mar-20	Esther Schmidt / Mark Green
8	67-71, 73,	Diagnosis	Need to improve current information sharing agreements to enable the sharing of data and therefore the understanding of support and follow up assessments completed or not eligible for people who receive a diagnosis. Diagnosis will automatically trigger an offer of a Care Act or carers assessment or re assessment. Social care need to be made aware of a diagnosis in order to provide appropriate and best support for the individual.	Data sharing group required to address -add to action 5	Mar-20	Data sharing group- lead TBC
9	21-23	Planning	To be able to identify the number of people eligible for Adult Social Care based on the numbers of cases known to social care as a sub set of the known total - dependent on accurate reporting.	as above	Mar-20	Data sharing group- lead TBC
10	25, 28, 42, 43, 44	Planning	Swindon Autism Strategy to be updated and expanded to include young people and children. Local market position statement to include autism in future. Needs to be more explicit about support for 65+, and Women, BME	Strategy to be refreshed with ASD Partnership board	Dec-19	CCG rep Elaine Turner SBC
11	30	Planning	To have a person with Autism as a co chair of Autism Partnership board	To be progressed within ASD PB and membership and attendance of people with Autism/ASD promoted- to refer to the nominating and ongoing processes used by the LD Partnership Board	Sep-19	ASD PB chair- CCG
12	31	Planning	To develop a forum approach to support future engagement of people and their families with Autism/ASD	Discuss with ASD PB and develop Forum programme (will need to identify additional resources to support the ASD PB and Forums) to include Swindon SEND families voice in process.	Sep-19	ASD PB Chair- CCG
13	32, 33, 34,35	Planning	Develop greater awareness of implementation of training across health and social care system and community services with examples of adjustments made to support people with Autism - work with ASD PB, Health and Wellbeing board, have access to leaflets about AWP service	SBC and CCG Learning and Development teams to be asked to identify training opportunities available including e learning, what are the numbers and key areas to target for SBC and partner agencies. Need to link with Oriana Morrison Clark as AWP is the provider of training locally. Helena Taylor Knox at SBC will link to Di Walsh at CCG and Oriana Morrison Clarke AWP, to scope what is available and who needs what training in order to develop as Swindon-wide training strategy and action plan.	Sep-19	Helena Taylor Knox / Di Walsh

Swindon - Autism Self Assessment Framework 2018 Improvement Plan

Action No	SAF reference No	SAF Section title	Objective ( NB: Aims achieved already in the SAF have not been included in this action plan)	Action	By when	lead
14	46,47, 48, 49, 50-53 54-59 96	Training	To have a clear training strategy and training plan for Multi- agency support including data collection, and identity of services and staff targetted . Uptake levels need to be reported to identify, where there are gaps to be addressed. This should include any frontline services in partner agencies eg police, housing, Health, criminal justice, education, social care etc	A local training plan to support the strategy needs to be developed and include use of existing training options and the development of targeted sessions suitable for multi agency partners. Di Walsh for CCG and Helena Taylor Knox to take a lead and link with AWP . Link to action 13	Mar-20	Helena Taylor Knox / Di Walsh
15	102	Criminal Justice	"Appropriate adults" supporting people with Autism in custody and places of safety will all have access to autism awareness training	Ensure training offer includes this group as part of action 13	Sep-19	Helena Taylor Knox / Di Walsh
16	60-66	Diagnosis	Strengthen pathways for diagnosis to include young people in transition and access to other professionals for people with Autism only or Autism and LD. Needs to comply with NICE guidelines. Waiting times should be within expected limits, numbers receiving diagnosis should match against expected prevalence	CCG to review contract with AWP	Mar-20	Gill May
17	74-82	Diagnosis	Improve access to all services -psychology, Speech & Language Therapy (SaLT),Occupational therapy, mental health crisis, post autism diagnosis for those with autism only	CCG to review contract with AWP	Mar-20	Gill May
18	94	Care and support	People with Autism need to be able to access local mental health services post diagnosis and have a clear pathway available	Local pathway to be reviewed as part of contract review	Mar-20	Oriana Morrison Clarke
19	83-85	Care and support	To be able to identify the number of people with Autism and or LD who have a Personal budget.	Data sharing group, Social care need to ensure that where there is a secondary diagnosis such as Autism it is noted on their system ( where patient has given consent to share ) in order to support opportunity. This is dependent on Action 6.	Sep-19	Kay Reeve
20	86	Care and support	To clearly identify autism entry points for people with Autism across all services	Check to see what is being commissioned and if provider could do a project to look with ASDPB at the quantity and quality and then how to support improvements of access points for people with Autism. This will need to link to the Living Well hub where the 4 coordinators will be based- they will need some training. This should dropout of the refreshed JSNA so will need to be cross referenced.	Mar-20	Commissioner



## Swindon - Autism Self Assessment Framework 2018 Improvement Plan

Action No	SAF reference No	SAF Section title	Objective ( NB: Aims achieved already in the SAF have not been included in this action plan)	Action	By when	lead
21	87-89	Care and support	Advocacy available to support people with Autism only.	SAM are commissioned to provide advocacy for anyone eligible under the Care Act. This is non client group specific so therefore includes Autism - this needs to be confirmed and capacity and demand to support Autism assessed.	Sep-19	Voluntary Sector Commissioner
22	90-91	Care and support	To have low level non statutory support and preventative opportunities available ( reference- Think autism (2014) and report on Think Autism (2016))	Review needed to identify current availability and define what is available to support people in terms of statutory and preventative services. Discussions need to include the Living well hub and DASH. It also needs to include young people	Mar-20	Voluntary Sector Commissioner
23		Care and support	Information should be readily available for people with Autism	This will be moving to new "my life" information service in October 2019 so can be reviewed as part of implementation	Dec-19	Kay Reeve
24	95	Housing and Accommodation	Housing strategy and market position statement needs to include autism specifically	Owner of SBC housing strategy to be asked when the strategy is due to be refreshed and to consider adding a specific reference to vulnerable adults and whether there should be a specific reference to people with Autism. To check whether housing plan includes the TCP aspirations. Market position statement needs to be updated to reflect a response to meeting the needs of people with Autism	Sep-19	Kay Reeve
25	97	Employment	People with Autism will be supported to access employment which will include pro-active engagement with local employers to encourage employment and sustained employment of people with Autism	Check supported employment strategy for specific reference to Autism if absent, get it included. Does the strategy cover the proactive engagement with employers and job centre.	Jul-19	Kay Reeve
26	98	Employment	Employment should be included as a specific outcome in people with Autism, care plan.	Social care to roll out inclusion of employment in care plans	Mar-20	Kay Reeve
27	100	Employment	Monitor employment outcomes of autistic people who have received support.	Audit to be done to ensure that we are robustly capturing destination data accurately. Links to SEND and people exiting Education.	Mar-20	Kay Reeve
28	101	Criminal Justice	Criminal justice are engaged as key partner in planning	Ensure that criminal justice are represented at the ASD Partnership board	Sep-19	ASD PB Chair-CCG
29	103, 104,	Local innovations	Record and track delivery of innovations that meet the Implementation of TCP strategy including engagement and monitoring with providers and report annually to ASD partnership board	Ensure that the performance of the current innovations in TCP strategy are tracked by identifying current owner of innovation and seeking regular updates for TCP and ASD PB ( ET, KR and SG to review list and create a monitoring and update table )	Mar-20	Elaine Turner

Swindon - Autism Self Assessment Framework 2018 Improvement Plan						
Action No	SAF reference No	SAF Section title	Objective ( NB: Aims achieved already in the SAF have not been included in this action plan)	Action	By when	lead
30	105-121	Completion of SAF	Improve completion of SAF and engagement in future	Ensure that the partners listed in SAF are either part of ASD PB or Health and wellbeing board in future to ensure breadth of consultation required takes place.	Sep-19	ASD PB Chair-CCG

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